



REDCap Global - International Studies @ UNC

UNC - Chapel Hill
TraCS Institute

Boyce - CFH Foundation

PID 150

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Data Dictionary Codebook

02/05/2021 11:26am

[^ Collapse all instruments](#)

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)									
Instrument: Initial Visit (initial_visit) <div>^ Collapse</div>												
1	study_id	Study ID	text									
2	unique	Unique Identifier <i>MUST-UNC Lesu / ###</i>	text (integer, Min: 000, Max: 055)									
3	date_visit_v0	Section Header: <i>Initial Visit</i> Date of visit <i>DD-MM-YYYY</i>	text (date_dmy), Required									
4	height_v0	Section Header: <i>I. Vital Signs - Child</i> Height <i>cm</i>	text (number, Min: 50, Max: 100), Required									
5	weight_v0	Weight <i>kg</i>	text (number, Min: 5, Max: 20), Required									
6	muac_v0	Mid-Upper Arm Circumference <i>cm</i>	text (number, Min: 5, Max: 25), Required									
7	temp_v0	Axillary temperature <i>degrees Celsius</i>	text (number, Min: 35, Max: 45), Required									
8	bednet_v0	Section Header: <i>II. Medical History - Child</i> Did the child sleep under a bed net last night?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No					
1	Yes											
0	No											
9	fever_v0	Has the child had fever in last two weeks?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No					
1	Yes											
0	No											
10	onset_v0 <i>Show the field ONLY if: [fever_v0] = '1'</i>	If yes, when did the fever start <i>DD-MM-YYYY</i>	text (date_dmy)									
11	sick_v0 <i>Show the field ONLY if: [fever_v0] = '0'</i>	Even if the child has not had a fever, has he or she been otherwise unwell?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No					
1	Yes											
0	No											
12	symp_v0 <i>Show the field ONLY if: [sick_v0] = '1'</i>	If yes, what symptoms has the child experienced?	checkbox <table><tr><td>0</td><td>symp_v0__0</td><td>Cough</td></tr><tr><td>1</td><td>symp_v0__1</td><td>Diarrhea</td></tr><tr><td>2</td><td>symp_v0__2</td><td>Ear Ache</td></tr></table>	0	symp_v0__0	Cough	1	symp_v0__1	Diarrhea	2	symp_v0__2	Ear Ache
0	symp_v0__0	Cough										
1	symp_v0__1	Diarrhea										
2	symp_v0__2	Ear Ache										

				<table border="1"> <tr> <td>3</td><td>symp_v0__3</td><td>Not feeding</td></tr> <tr> <td>4</td><td>symp_v0__4</td><td>Rash</td></tr> <tr> <td>5</td><td>symp_v0__5</td><td>Runny nose</td></tr> <tr> <td>6</td><td>symp_v0__6</td><td>Other (specify below)</td></tr> </table>	3	symp_v0__3	Not feeding	4	symp_v0__4	Rash	5	symp_v0__5	Runny nose	6	symp_v0__6	Other (specify below)
3	symp_v0__3	Not feeding														
4	symp_v0__4	Rash														
5	symp_v0__5	Runny nose														
6	symp_v0__6	Other (specify below)														
13	symp_other_v0 <small>Show the field ONLY if: [symp_v0(6)] = '1'</small>	List other symptoms:	notes													
14	healthcentre_v0 <small>Show the field ONLY if: [fever_v0] = '1' or [sick_v0] = '1'</small>	Has the child been seen at a hospital, health centre, clinic, drug shop, or other medical attendant for these symptoms?	yesno <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	1	Yes	0	No									
1	Yes															
0	No															
15	hc_where_v0 <small>Show the field ONLY if: [healthcentre_v0] = '1'</small>	If yes, where?	radio <table border="1"> <tr> <td>0</td><td>Hospital</td></tr> <tr> <td>1</td><td>Health Centre</td></tr> <tr> <td>2</td><td>Drug Shop or Pharmacy</td></tr> <tr> <td>3</td><td>VHT</td></tr> <tr> <td>4</td><td>Traditional Medicine</td></tr> </table>	0	Hospital	1	Health Centre	2	Drug Shop or Pharmacy	3	VHT	4	Traditional Medicine			
0	Hospital															
1	Health Centre															
2	Drug Shop or Pharmacy															
3	VHT															
4	Traditional Medicine															
16	medicine_v0 <small>Show the field ONLY if: [healthcentre_v0] = '1'</small>	Did the child receive medicine for malaria?	yesno <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	1	Yes	0	No									
1	Yes															
0	No															
17	med_date_v0 <small>Show the field ONLY if: [medicine_v0] = '1'</small>	When did the child take the last dose (i.e. pill) of medicine? <small>DD-MM-YYYY</small>	text (date_dmy)													
18	mrdt_v0	Section Header: <i>III. Laboratory Testing - Child</i> Malaria RDT performed?	yesno, Required <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	1	Yes	0	No									
1	Yes															
0	No															
19	mrdt_res_v0 <small>Show the field ONLY if: [mrdt_v0] = '1'</small>	Malaria RDT Result <small>Repeat any invalid tests</small>	radio <table border="1"> <tr> <td>0</td><td>Negative</td></tr> <tr> <td>1</td><td>Positive</td></tr> </table>	0	Negative	1	Positive									
0	Negative															
1	Positive															
20	treat_v0 <small>Show the field ONLY if: ([temp_v0] >= 37.5 or [fever_v0] = '1') and [mrdt_res_v0] = '1'</small>	If mother reported fever or child's temperature was >37.5 C, which antimalarial treatment provided?	radio <table border="1"> <tr> <td>0</td><td>None (explain below)</td></tr> <tr> <td>1</td><td>Coartem</td></tr> <tr> <td>2</td><td>Quinine</td></tr> <tr> <td>3</td><td>Admitted</td></tr> </table>	0	None (explain below)	1	Coartem	2	Quinine	3	Admitted					
0	None (explain below)															
1	Coartem															
2	Quinine															
3	Admitted															
21	no_treat_v0 <small>Show the field ONLY if: [treat_v0] = '0'</small>	Why was treatment NOT given?	notes													
22	cbc_v0	Hemoglobin measured?	yesno <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	1	Yes	0	No									
1	Yes															
0	No															
23	hb_v0 <small>Show the field ONLY if: [cbc_v0] = '1'</small>	Hemoglobin (g/dL)	text (number, Min: 3, Max: 20)													
24	dbs_v0	Dried blood spots collected?	yesno <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	1	Yes	0	No									
1	Yes															
0	No															

25	urine_v0	Urine sample collected?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
26	bednet_mot_v0	Section Header: <i>IV. Medical History - Mother</i> Did the mother sleep under a bed net last night?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
27	cosleep_v0 <i>Show the field ONLY if: [bednet_mot_v0] = '1'</i>	Did the mother sleep under the same net as the child?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
28	cbc_mot_v0	Section Header: <i>V. Laboratory Testing - Mother</i> Hemoglobin measured?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
29	hb_mot_v0 <i>Show the field ONLY if: [cbc_mot_v0] = '1'</i>	Hemoglobin (g/dL)	text (number, Min: 3, Max: 20)												
30	dbb_mot_v0	Dried blood spots collected?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
31	urine_mot_v0	Urine sample collected?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
32	dc_v0	Section Header: <i>VI. Discharge Actions</i> Prior to discharge, ensure the following are complete:	checkbox <table border="1"> <tr> <td>0</td> <td>dc_v0__0</td> <td>Provide with Study ID card</td> </tr> <tr> <td>1</td> <td>dc_v0__1</td> <td>Give new Lesu according to assignment</td> </tr> <tr> <td>2</td> <td>dc_v0__2</td> <td>Instruct to return to clinic with card if child sick</td> </tr> <tr> <td>3</td> <td>dc_v0__3</td> <td>Remind about next scheduled visit in 2 weeks</td> </tr> </table>	0	dc_v0__0	Provide with Study ID card	1	dc_v0__1	Give new Lesu according to assignment	2	dc_v0__2	Instruct to return to clinic with card if child sick	3	dc_v0__3	Remind about next scheduled visit in 2 weeks
0	dc_v0__0	Provide with Study ID card													
1	dc_v0__1	Give new Lesu according to assignment													
2	dc_v0__2	Instruct to return to clinic with card if child sick													
3	dc_v0__3	Remind about next scheduled visit in 2 weeks													
33	initial_visit_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
Instrument: Week 2 Visit (week_2_visit) ^ Collapse															
34	date_visit_1_v2	Section Header: <i>Week 2 Visit</i> Date of visit <i>DD-MM-YYYY</i>	text (date_dmy), Required												
35	temp_v2	Section Header: <i>I. Vital Signs - Child</i> Axillary temperature <i>degrees Celsius</i>	text (number, Min: 35, Max: 45), Required												
36	bednet_1_v2	Section Header: <i>II. Medical History - Child</i> Did the child sleep under a bed net last night?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
37	fever_1_v2	Has the child had fever in last two weeks?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> </table>	1	Yes										
1	Yes														

				0 No
38	onset_1_v2 <i>Show the field ONLY if: [fever_1_v2] = '1'</i>	If yes, when did the fever start <i>DD-MM-YYYY</i>	text (date_dmy)	
39	sick_1_v2 <i>Show the field ONLY if: [fever_1_v2] = '0'</i>	Even if the child has not had a fever, has he or she been otherwise unwell?	yesno, Required 1 Yes 0 No	
40	symp_1_v2 <i>Show the field ONLY if: [sick_1_v2] = '1'</i>	If yes, what symptoms has the child experienced?	checkbox 0 symp_1_v2__0 Cough 1 symp_1_v2__1 Diarrhea 2 symp_1_v2__2 Ear Ache 3 symp_1_v2__3 Not feeding 4 symp_1_v2__4 Rash 5 symp_1_v2__5 Runny nose 6 symp_1_v2__6 Other (specify below)	
41	symp_other_1_v2 <i>Show the field ONLY if: [symp_1_v2(6)] = '1'</i>	List other symptoms:	notes	
42	healthcentre_1_v2 <i>Show the field ONLY if: [fever_1_v2] = '1' or [sick_1_v2]] = '1'</i>	Has the child been seen at a hospital, health centre, clinic, drug shop, or other medical attendant for these symptoms?	yesno 1 Yes 0 No	
43	hc_where_1_v2 <i>Show the field ONLY if: [healthcentre_1_v2] = '1'</i>	If yes, where?	radio 0 Hospital 1 Health Centre 2 Drug Shop or Pharmacy 3 VHT 4 Traditional Medicine	
44	medicine_1_v2 <i>Show the field ONLY if: [healthcentre_1_v2] = '1'</i>	Did the child receive medicine for malaria?	yesno 1 Yes 0 No	
45	med_date_1_v2 <i>Show the field ONLY if: [medicine_1_v2] = '1'</i>	When did the child take the last dose (i.e. pill) of medicine? <i>DD-MM-YYYY</i>	text (date_dmy)	
46	mrtdt_1_v2	Section Header: <i>III. Laboratory Testing - Child</i> Malaria RDT performed?	yesno, Required 1 Yes 0 No	
47	mrtdt_res_1_v2 <i>Show the field ONLY if: [mrtdt_1_v2] = '1'</i>	Malaria RDT Result <i>Repeat any invalid tests</i>	radio 0 Negative 1 Positive	
48	treat_1_v2 <i>Show the field ONLY if: ([temp_v2] >= 37.5 or [fever_1_v2] = '1') and [mrtdt_res_1_v2] = '1'</i>	If mother reported fever or child's temperature was >37.5 C, which antimalarial treatment provided?	radio 0 None (explain below) 1 Coartem 2 Quinine 3 Admitted	

49	no_treat_1_v2 <i>Show the field ONLY if: [treat_1_v2] = '0'</i>	Why was treatment NOT given?	notes															
50	dbs_1_v2	Dried blood spots collected?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
51	lesu_use_2 <i>Show the field ONLY if: [se_2] = '1'</i>	Section Header: <i>IV. Lesu Questions</i> Since your last visit, how often did you use the lesu to carry the child?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Some days (1 - 3 per week)</td></tr> <tr><td>2</td><td>Most days (4 - 6 per week)</td></tr> <tr><td>3</td><td>Every day</td></tr> </table>	0	Never	1	Some days (1 - 3 per week)	2	Most days (4 - 6 per week)	3	Every day							
0	Never																	
1	Some days (1 - 3 per week)																	
2	Most days (4 - 6 per week)																	
3	Every day																	
52	washing_2	Since your last visit, how many times did you wash the lesu?	text (integer, Min: 0, Max: 50), Required															
53	se_2	Did the child experience any side effects, to include itching or rash, from the lesu?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
54	se_symp_v2 <i>Show the field ONLY if: [se_2] = '1'</i>	If yes, what were the child's side effects?	checkbox <table border="1"> <tr><td>0</td><td>se_symp_v2__0</td><td>Headache</td></tr> <tr><td>1</td><td>se_symp_v2__1</td><td>Itching</td></tr> <tr><td>2</td><td>se_symp_v2__2</td><td>Nausea or not feeding</td></tr> <tr><td>3</td><td>se_symp_v2__3</td><td>Rash</td></tr> <tr><td>4</td><td>se_symp_v2__4</td><td>Other</td></tr> </table>	0	se_symp_v2__0	Headache	1	se_symp_v2__1	Itching	2	se_symp_v2__2	Nausea or not feeding	3	se_symp_v2__3	Rash	4	se_symp_v2__4	Other
0	se_symp_v2__0	Headache																
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3	se_symp_v2__3	Rash																
4	se_symp_v2__4	Other																
55	se_other_2 <i>Show the field ONLY if: [se_symp_v2(4)] = '1'</i>	Describe the child's other symptoms:	notes															
56	se_impact_3 <i>Show the field ONLY if: [se_2] = '1'</i>	Did the side effects make you stop using the lesu or use the lesu less frequently?	radio <table border="1"> <tr><td>0</td><td>No change in use</td></tr> <tr><td>1</td><td>Used it less frequently</td></tr> <tr><td>2</td><td>Stopped using it</td></tr> </table>	0	No change in use	1	Used it less frequently	2	Stopped using it									
0	No change in use																	
1	Used it less frequently																	
2	Stopped using it																	
57	se_moth_2	Did the mother experience any side effects, to include itching or rash, from the lesu?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
58	se_symp_moth_v2 <i>Show the field ONLY if: [se_moth_2] = '1'</i>	If yes, what were the side effects?	checkbox <table border="1"> <tr><td>0</td><td>se_symp_moth_v2__0</td><td>Headache</td></tr> <tr><td>1</td><td>se_symp_moth_v2__1</td><td>Itching</td></tr> <tr><td>2</td><td>se_symp_moth_v2__2</td><td>Nausea or loss of appetite</td></tr> <tr><td>3</td><td>se_symp_moth_v2__3</td><td>Rash</td></tr> <tr><td>4</td><td>se_symp_moth_v2__4</td><td>Other</td></tr> </table>	0	se_symp_moth_v2__0	Headache	1	se_symp_moth_v2__1	Itching	2	se_symp_moth_v2__2	Nausea or loss of appetite	3	se_symp_moth_v2__3	Rash	4	se_symp_moth_v2__4	Other
0	se_symp_moth_v2__0	Headache																
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4	se_symp_moth_v2__4	Other																
59	se_moth_other_2 <i>Show the field ONLY if: [se_symp_moth_v2(4)] = '1'</i>	Describe other symptoms:	notes															
60	se_impact_moth_2 <i>Show the field ONLY if: [se_moth_2] = '1'</i>	Did these side effects make you stop using the lesu or use the lesu less frequently?	radio <table border="1"> <tr><td>0</td><td>No change in use</td></tr> <tr><td>1</td><td>Used it less frequently</td></tr> </table>	0	No change in use	1	Used it less frequently											
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				2 Stopped using it																					
61	dc_1_v2	Section Header: <i>VI. Discharge Actions</i> Prior to discharge, ensure the following are complete:	checkbox <table border="1"> <tr> <td>2</td><td>dc_1_v2__2</td><td>Instruct to return to clinic with card if child sick</td></tr> <tr> <td>3</td><td>dc_1_v2__3</td><td>Remind about next scheduled visit in 2 weeks</td></tr> </table>		2	dc_1_v2__2	Instruct to return to clinic with card if child sick	3	dc_1_v2__3	Remind about next scheduled visit in 2 weeks															
2	dc_1_v2__2	Instruct to return to clinic with card if child sick																							
3	dc_1_v2__3	Remind about next scheduled visit in 2 weeks																							
62	week_2_visit_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>		0	Incomplete	1	Unverified	2	Complete															
0	Incomplete																								
1	Unverified																								
2	Complete																								
Instrument: Week 4 Visit (week_4_visit) ^ Collapse																									
63	date_visit_v4	Section Header: <i>Week 4 Visit</i> Date of visit <i>DD-MM-YYYY</i>	text (date_dmy), Required																						
64	temp_v4	Section Header: <i>I. Vital Signs - Child</i> Axillary temperature <i>degrees Celsius</i>	text (number, Min: 35, Max: 45), Required																						
65	bednet_v4	Section Header: <i>II. Medical History - Child</i> Did the child sleep under a bed net last night?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>		1	Yes	0	No																	
1	Yes																								
0	No																								
66	fever_v4	Has the child had fever in last two weeks?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>		1	Yes	0	No																	
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0	No																								
67	onset_v4 <i>Show the field ONLY if: [fever_v4] = '1'</i>	If yes, when did the fever start <i>DD-MM-YYYY</i>	text (date_dmy)																						
68	sick_v4 <i>Show the field ONLY if: [fever_v4] = '0'</i>	Even if the child has not had a fever, has he or she been otherwise unwell?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>		1	Yes	0	No																	
1	Yes																								
0	No																								
69	symp_v4 <i>Show the field ONLY if: [sick_v4] = '1'</i>	If yes, what symptoms has the child experienced?	checkbox <table border="1"> <tr><td>0</td><td>symp_v4__0</td><td>Cough</td></tr> <tr><td>1</td><td>symp_v4__1</td><td>Diarrhea</td></tr> <tr><td>2</td><td>symp_v4__2</td><td>Ear Ache</td></tr> <tr><td>3</td><td>symp_v4__3</td><td>Not feeding</td></tr> <tr><td>4</td><td>symp_v4__4</td><td>Rash</td></tr> <tr><td>5</td><td>symp_v4__5</td><td>Runny nose</td></tr> <tr><td>6</td><td>symp_v4__6</td><td>Other (specify below)</td></tr> </table>		0	symp_v4__0	Cough	1	symp_v4__1	Diarrhea	2	symp_v4__2	Ear Ache	3	symp_v4__3	Not feeding	4	symp_v4__4	Rash	5	symp_v4__5	Runny nose	6	symp_v4__6	Other (specify below)
0	symp_v4__0	Cough																							
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5	symp_v4__5	Runny nose																							
6	symp_v4__6	Other (specify below)																							
70	symp_other_v4 <i>Show the field ONLY if: [symp_v4(6)] = '1'</i>	List other symptoms:	notes																						
71	healthcentre_v4 <i>Show the field ONLY if: [fever_v4] = '1' or [sick_v4] = '1'</i>	Has the child been seen at a hospital, health centre, clinic, drug shop, or other medical attendant for these symptoms?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>		1	Yes	0	No																	
1	Yes																								
0	No																								
72	hc_where_v4 <i>Show the field ONLY if: [healthcentre_v4] = '1'</i>	If yes, where?	radio <table border="1"> <tr><td>0</td><td>Hospital</td></tr> <tr><td>1</td><td>Health Centre</td></tr> </table>		0	Hospital	1	Health Centre																	
0	Hospital																								
1	Health Centre																								

				<table border="1"> <tr><td>2</td><td>Drug Shop or Pharmacy</td></tr> <tr><td>3</td><td>VHT</td></tr> <tr><td>4</td><td>Traditional Medicine</td></tr> </table>	2	Drug Shop or Pharmacy	3	VHT	4	Traditional Medicine								
2	Drug Shop or Pharmacy																	
3	VHT																	
4	Traditional Medicine																	
73	medicine_v4 Show the field ONLY if: [healthcentre_v4] = '1'	Did the child receive medicine for malaria?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
74	med_date_v4 Show the field ONLY if: [medicine_v4] = '1'	When did the child take the last dose (i.e. pill) of medicine? DD-MM-YYYY	text (date_dmy)															
75	mrdt_v4	Section Header: <i>III. Laboratory Testing - Child</i> Malaria RDT performed?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
76	mrdt_res_v4 Show the field ONLY if: [mrdt_v4] = '1'	Malaria RDT Result Repeat any invalid tests	radio <table border="1"> <tr><td>0</td><td>Negative</td></tr> <tr><td>1</td><td>Positive</td></tr> </table>	0	Negative	1	Positive											
0	Negative																	
1	Positive																	
77	treat_v4 Show the field ONLY if: ([temp_v4] >= 37.5 or [fever_v4] = '1') and [mrdt_res_v4] = '1'	If mother reported fever or child's temperature was >37.5 C, which antimalarial treatment provided?	radio <table border="1"> <tr><td>0</td><td>None (explain below)</td></tr> <tr><td>1</td><td>Coartem</td></tr> <tr><td>2</td><td>Quinine</td></tr> <tr><td>3</td><td>Admitted</td></tr> </table>	0	None (explain below)	1	Coartem	2	Quinine	3	Admitted							
0	None (explain below)																	
1	Coartem																	
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78	no_treat_v4 Show the field ONLY if: [treat_v4] = '0'	Why was treatment NOT given?	notes															
79	dbs_v4	Dried blood spots collected?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
80	lesu_use_v4	Section Header: <i>IV. Lesu Questions</i> Since your last visit, how often did you use the lesu to carry the child?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Some days (1 - 3 per week)</td></tr> <tr><td>2</td><td>Most days (4 - 6 per week)</td></tr> <tr><td>3</td><td>Every day</td></tr> </table>	0	Never	1	Some days (1 - 3 per week)	2	Most days (4 - 6 per week)	3	Every day							
0	Never																	
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2	Most days (4 - 6 per week)																	
3	Every day																	
81	washing_v4	Since your last visit, how many times did you wash the lesu?	text (integer, Min: 0, Max: 50), Required															
82	se_v4	Did the child experience any side effects, to include itching or rash, from the lesu?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
83	se_symp_v4 Show the field ONLY if: [se_v4] = '1'	If yes, what were the child's side effects?	checkbox <table border="1"> <tr><td>0</td><td>se_symp_v4__0</td><td>Headache</td></tr> <tr><td>1</td><td>se_symp_v4__1</td><td>Itching</td></tr> <tr><td>2</td><td>se_symp_v4__2</td><td>Nausea or not feeding</td></tr> <tr><td>3</td><td>se_symp_v4__3</td><td>Rash</td></tr> <tr><td>4</td><td>se_symp_v4__4</td><td>Other</td></tr> </table>	0	se_symp_v4__0	Headache	1	se_symp_v4__1	Itching	2	se_symp_v4__2	Nausea or not feeding	3	se_symp_v4__3	Rash	4	se_symp_v4__4	Other
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4	se_symp_v4__4	Other																
84	se_other_v4 Show the field ONLY if:	Describe the child's other symptoms:	notes															

		[se_symp_v4(4)] = '1'																	
85	se_impact_v4	Show the field ONLY if: [se_v4] = '1'	Did the side effects make you stop using the lesu or use the lesu less frequently?	radio <table border="1"> <tr><td>0</td><td>No change in use</td></tr> <tr><td>1</td><td>Used it less frequently</td></tr> <tr><td>2</td><td>Stopped using it</td></tr> </table>	0	No change in use	1	Used it less frequently	2	Stopped using it									
0	No change in use																		
1	Used it less frequently																		
2	Stopped using it																		
86	se_moth_v4		Did the mother experience any side effects, to include itching or rash, from the lesu?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																		
0	No																		
87	se_symp_moth_v4	Show the field ONLY if: [se_moth_v4] = '1'	If yes, what were the side effects?	checkbox <table border="1"> <tr><td>0</td><td>se_symp_moth_v4__0</td><td>Headache</td></tr> <tr><td>1</td><td>se_symp_moth_v4__1</td><td>Itching</td></tr> <tr><td>2</td><td>se_symp_moth_v4__2</td><td>Nausea or loss of appetite</td></tr> <tr><td>3</td><td>se_symp_moth_v4__3</td><td>Rash</td></tr> <tr><td>4</td><td>se_symp_moth_v4__4</td><td>Other</td></tr> </table>	0	se_symp_moth_v4__0	Headache	1	se_symp_moth_v4__1	Itching	2	se_symp_moth_v4__2	Nausea or loss of appetite	3	se_symp_moth_v4__3	Rash	4	se_symp_moth_v4__4	Other
0	se_symp_moth_v4__0	Headache																	
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3	se_symp_moth_v4__3	Rash																	
4	se_symp_moth_v4__4	Other																	
88	se_moth_other_v4	Show the field ONLY if: [se_symp_moth_v4(4)] = '1'	Describe other symptoms:	notes															
89	se_impact_moth_v4	Show the field ONLY if: [se_moth_v4] = '1'	Did these side effects make you stop using the lesu or use the lesu less frequently?	radio <table border="1"> <tr><td>0</td><td>No change in use</td></tr> <tr><td>1</td><td>Used it less frequently</td></tr> <tr><td>2</td><td>Stopped using it</td></tr> </table>	0	No change in use	1	Used it less frequently	2	Stopped using it									
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1	Used it less frequently																		
2	Stopped using it																		
90	dc_v4		Section Header: <i>VI. Discharge Actions</i> Prior to discharge, ensure the following are complete:	checkbox <table border="1"> <tr><td>1</td><td>dc_v4__1</td><td>Retreat lesu according to assignment</td></tr> <tr><td>2</td><td>dc_v4__2</td><td>Instruct to return to clinic with card if child sick</td></tr> <tr><td>3</td><td>dc_v4__3</td><td>Remind about next scheduled visit in 2 weeks</td></tr> </table>	1	dc_v4__1	Retreat lesu according to assignment	2	dc_v4__2	Instruct to return to clinic with card if child sick	3	dc_v4__3	Remind about next scheduled visit in 2 weeks						
1	dc_v4__1	Retreat lesu according to assignment																	
2	dc_v4__2	Instruct to return to clinic with card if child sick																	
3	dc_v4__3	Remind about next scheduled visit in 2 weeks																	
91	week_4_visit_complete		Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete									
0	Incomplete																		
1	Unverified																		
2	Complete																		
Instrument: Week 6 Visit (week_6_visit) ^ Collapse																			
92	date_visit_v6		Section Header: <i>Week 6 Visit</i> Date of visit <i>DD-MM-YYYY</i>	text (date_dmy), Required															
93	temp_v6		Section Header: <i>I. Vital Signs - Child</i> Axillary temperature <i>degrees Celsius</i>	text (number, Min: 35, Max: 45), Required															
94	bednet_v6		Section Header: <i>II. Medical History - Child</i> Did the child sleep under a bed net last night?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																		
0	No																		
95	fever_v6		Has the child had fever in last two weeks?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																		
0	No																		
96	onset_v6		If yes, when did the fever start	text (date_dmy)															

		Show the field ONLY if: [fever_v6] = '1'	DD-MM-YYYY																						
97	sick_v6	Even if the child has not had a fever, has he or she been otherwise unwell? Show the field ONLY if: [fever_v6] = '0'	yesno, Required	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																								
0	No																								
98	symp_v6	If yes, what symptoms has the child experienced? Show the field ONLY if: [sick_v6] = '1'	checkbox	<table border="1"> <tr><td>0</td><td>symp_v6__0</td><td>Cough</td></tr> <tr><td>1</td><td>symp_v6__1</td><td>Diarrhea</td></tr> <tr><td>2</td><td>symp_v6__2</td><td>Ear Ache</td></tr> <tr><td>3</td><td>symp_v6__3</td><td>Not feeding</td></tr> <tr><td>4</td><td>symp_v6__4</td><td>Rash</td></tr> <tr><td>5</td><td>symp_v6__5</td><td>Runny nose</td></tr> <tr><td>6</td><td>symp_v6__6</td><td>Other (specify below)</td></tr> </table>	0	symp_v6__0	Cough	1	symp_v6__1	Diarrhea	2	symp_v6__2	Ear Ache	3	symp_v6__3	Not feeding	4	symp_v6__4	Rash	5	symp_v6__5	Runny nose	6	symp_v6__6	Other (specify below)
0	symp_v6__0	Cough																							
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6	symp_v6__6	Other (specify below)																							
99	symp_other_v6	List other symptoms: Show the field ONLY if: [symp_v6(6)] = '1'	notes																						
100	healthcentre_v6	Has the child been seen at a hospital, health centre, clinic, drug shop, or other medical attendant for these symptoms? Show the field ONLY if: [fever_v6] = '1' or [sick_v6] = '1'	yesno	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																								
0	No																								
101	hc_where_v6	If yes, where? Show the field ONLY if: [healthcentre_v6] = '1'	radio	<table border="1"> <tr><td>0</td><td>Hospital</td></tr> <tr><td>1</td><td>Health Centre</td></tr> <tr><td>2</td><td>Drug Shop or Pharmacy</td></tr> <tr><td>3</td><td>VHT</td></tr> <tr><td>4</td><td>Traditional Medicine</td></tr> </table>	0	Hospital	1	Health Centre	2	Drug Shop or Pharmacy	3	VHT	4	Traditional Medicine											
0	Hospital																								
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102	medicine_v6	Did the child receive medicine for malaria? Show the field ONLY if: [healthcentre_v6] = '1'	yesno	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																								
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103	med_date_v6	When did the child take the last dose (i.e. pill) of medicine? Show the field ONLY if: [medicine_v6] = '1'	text (date_mdy)	DD-MM-YYYY																					
104	mrtdt_v6	Section Header: <i>III. Laboratory Testing - Child</i> Malaria RDT performed?	yesno, Required	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																								
0	No																								
105	mrtdt_res_v6	Malaria RDT Result <i>Repeat any invalid tests</i> Show the field ONLY if: [mrtdt_v6] = '1'	radio	<table border="1"> <tr><td>0</td><td>Negative</td></tr> <tr><td>1</td><td>Positive</td></tr> </table>	0	Negative	1	Positive																	
0	Negative																								
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106	treat_v6	If mother reported fever or child's temperature was >37.5 C, which antimalarial treatment provided? Show the field ONLY if: ([temp_v6] >= 37.5 or [fever_v6] = '1') and [mrtdt_res_v6] = '1'	radio	<table border="1"> <tr><td>0</td><td>None (explain below)</td></tr> <tr><td>1</td><td>Coartem</td></tr> <tr><td>2</td><td>Quinine</td></tr> <tr><td>3</td><td>Admitted</td></tr> </table>	0	None (explain below)	1	Coartem	2	Quinine	3	Admitted													
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107	no_treat_v6	Why was treatment NOT given? Show the field ONLY if:	notes																						

		[treat_v6] = '0'																	
108	dbs_v6		Dried blood spots collected?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No											
1	Yes																		
0	No																		
109	lesu_use_v6		Section Header: <i>IV. Lesu Questions</i> Since your last visit, how often did you use the lesu to carry the child?	radio, Required <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Some days (1 - 3 per week)</td></tr><tr><td>2</td><td>Most days (4 - 6 per week)</td></tr><tr><td>3</td><td>Every day</td></tr></table>	0	Never	1	Some days (1 - 3 per week)	2	Most days (4 - 6 per week)	3	Every day							
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2	Most days (4 - 6 per week)																		
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110	washing_v6		Since your last visit, how many times did you wash the lesu?	text (integer, Min: 0, Max: 50), Required															
111	se_v6		Did the child experience any side effects, to include itching or rash, from the lesu?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No											
1	Yes																		
0	No																		
112	se_symp_v6 Show the field ONLY if: [se_v6] = '1'		If yes, what were the child's side effects?	checkbox <table><tr><td>0</td><td>se_symp_v6__0</td><td>Headache</td></tr><tr><td>1</td><td>se_symp_v6__1</td><td>Itching</td></tr><tr><td>2</td><td>se_symp_v6__2</td><td>Nausea or not feeding</td></tr><tr><td>3</td><td>se_symp_v6__3</td><td>Rash</td></tr><tr><td>4</td><td>se_symp_v6__4</td><td>Other</td></tr></table>	0	se_symp_v6__0	Headache	1	se_symp_v6__1	Itching	2	se_symp_v6__2	Nausea or not feeding	3	se_symp_v6__3	Rash	4	se_symp_v6__4	Other
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113	se_other_v6 Show the field ONLY if: [se_symp_v6(4)] = '1'		Describe the child's other symptoms:	notes															
114	se_impact_v6 Show the field ONLY if: [se_v6] = '1'		Did the side effects make you stop using the lesu or use the lesu less frequently?	radio <table><tr><td>0</td><td>No change in use</td></tr><tr><td>1</td><td>Used it less frequently</td></tr><tr><td>2</td><td>Stopped using it</td></tr></table>	0	No change in use	1	Used it less frequently	2	Stopped using it									
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115	se_moth_v6		Did the mother experience any side effects, to include itching or rash, from the lesu?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No											
1	Yes																		
0	No																		
116	se_symp_moth_v6 Show the field ONLY if: [se_moth_v6] = '1'		If yes, what were the side effects?	checkbox <table><tr><td>0</td><td>se_symp_moth_v6__0</td><td>Headache</td></tr><tr><td>1</td><td>se_symp_moth_v6__1</td><td>Itching</td></tr><tr><td>2</td><td>se_symp_moth_v6__2</td><td>Nausea or loss of appetite</td></tr><tr><td>3</td><td>se_symp_moth_v6__3</td><td>Rash</td></tr><tr><td>4</td><td>se_symp_moth_v6__4</td><td>Other</td></tr></table>	0	se_symp_moth_v6__0	Headache	1	se_symp_moth_v6__1	Itching	2	se_symp_moth_v6__2	Nausea or loss of appetite	3	se_symp_moth_v6__3	Rash	4	se_symp_moth_v6__4	Other
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117	se_moth_other_v6 Show the field ONLY if: [se_symp_moth_v6(4)] = '1'		Describe other symptoms:	notes															
118	se_impact_moth_v6 Show the field ONLY if: [se_moth_v6] = '1'		Did these side effects make you stop using the lesu or use the lesu less frequently?	radio <table><tr><td>0</td><td>No change in use</td></tr><tr><td>1</td><td>Used it less frequently</td></tr><tr><td>2</td><td>Stopped using it</td></tr></table>	0	No change in use	1	Used it less frequently	2	Stopped using it									
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1	Used it less frequently																		
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119	dc_v6		Section Header: <i>VI. Discharge Actions</i>	checkbox <table><tr><td></td><td></td><td></td></tr></table>															

			Prior to discharge, ensure the following are complete:	<table border="1"> <tr> <td>2</td><td>dc_v6__2</td><td>Instruct to return to clinic with card if child sick</td></tr> <tr> <td>3</td><td>dc_v6__3</td><td>Remind about next scheduled visit in 2 weeks</td></tr> </table>	2	dc_v6__2	Instruct to return to clinic with card if child sick	3	dc_v6__3	Remind about next scheduled visit in 2 weeks															
2	dc_v6__2	Instruct to return to clinic with card if child sick																							
3	dc_v6__3	Remind about next scheduled visit in 2 weeks																							
	120	week_6_visit_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete															
0	Incomplete																								
1	Unverified																								
2	Complete																								
Instrument: Week 8 Visit (week_8_visit) ^ Collapse																									
	121	date_visit_v8	Section Header: <i>Week 8 Visit</i> Date of visit <i>DD-MM-YYYY</i>	text (date_dmy), Required																					
	122	temp_v8	Section Header: <i>I. Vital Signs - Child</i> Axillary temperature <i>degrees Celsius</i>	text (number, Min: 35, Max: 45), Required																					
	123	bednet_v8	Section Header: <i>II. Medical History - Child</i> Did the child sleep under a bed net last night?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																								
0	No																								
	124	fever_v8	Has the child had fever in last two weeks?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																								
0	No																								
	125	onset_v8 <i>Show the field ONLY if: [fever_v8] = '1'</i>	If yes, when did the fever start <i>DD-MM-YYYY</i>	text (date_dmy)																					
	126	sick_v8 <i>Show the field ONLY if: [fever_v8] = '0'</i>	Even if the child has not had a fever, has he or she been otherwise unwell?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																								
0	No																								
	127	symp_v8 <i>Show the field ONLY if: [sick_v8] = '1'</i>	If yes, what symptoms has the child experienced?	checkbox <table border="1"> <tr><td>0</td><td>symp_v8__0</td><td>Cough</td></tr> <tr><td>1</td><td>symp_v8__1</td><td>Diarrhea</td></tr> <tr><td>2</td><td>symp_v8__2</td><td>Ear Ache</td></tr> <tr><td>3</td><td>symp_v8__3</td><td>Not feeding</td></tr> <tr><td>4</td><td>symp_v8__4</td><td>Rash</td></tr> <tr><td>5</td><td>symp_v8__5</td><td>Runny nose</td></tr> <tr><td>6</td><td>symp_v8__6</td><td>Other (specify below)</td></tr> </table>	0	symp_v8__0	Cough	1	symp_v8__1	Diarrhea	2	symp_v8__2	Ear Ache	3	symp_v8__3	Not feeding	4	symp_v8__4	Rash	5	symp_v8__5	Runny nose	6	symp_v8__6	Other (specify below)
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6	symp_v8__6	Other (specify below)																							
	128	symp_other_v8 <i>Show the field ONLY if: [symp_v8(6)] = '1'</i>	List other symptoms:	notes																					
	129	healthcentre_v8 <i>Show the field ONLY if: [fever_v8] = '1' or [sick_v8] = '1'</i>	Has the child been seen at a hospital, health centre, clinic, drug shop, or other medical attendant for these symptoms?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																								
0	No																								
	130	hc_where_v8 <i>Show the field ONLY if: [healthcentre_v8] = '1'</i>	If yes, where?	radio <table border="1"> <tr><td>0</td><td>Hospital</td></tr> <tr><td>1</td><td>Health Centre</td></tr> <tr><td>2</td><td>Drug Shop or Pharmacy</td></tr> </table>	0	Hospital	1	Health Centre	2	Drug Shop or Pharmacy															
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131	medicine_v8 <small>Show the field ONLY if: [healthcentre_v8] = '1'</small>	Did the child receive medicine for malaria?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
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0	No																	
132	med_date_v8 <small>Show the field ONLY if: [medicine_v8] = '1'</small>	When did the child take the last dose (i.e. pill) of medicine? <i>DD-MM-YYYY</i>	text (date_dmy)															
133	mrdt_v8 <small>Show the field ONLY if: [mrdt_v8] = '1'</small>	Section Header: <i>III. Laboratory Testing - Child</i> Malaria RDT performed?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
134	mrdt_res_v8 <small>Show the field ONLY if: [mrdt_v8] = '1'</small>	Malaria RDT Result <i>Repeat any invalid tests</i>	radio <table border="1"> <tr><td>0</td><td>Negative</td></tr> <tr><td>1</td><td>Positive</td></tr> </table>	0	Negative	1	Positive											
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1	Positive																	
135	treat_v8 <small>Show the field ONLY if: ([temp_v8] >= 37.5 or [fever_v8] = '1') and [mrdt_res_v8] = '1'</small>	If mother reported fever or child's temperature was >37.5 C, which antimalarial treatment provided?	radio <table border="1"> <tr><td>0</td><td>None (explain below)</td></tr> <tr><td>1</td><td>Coartem</td></tr> <tr><td>2</td><td>Quinine</td></tr> <tr><td>3</td><td>Admitted</td></tr> </table>	0	None (explain below)	1	Coartem	2	Quinine	3	Admitted							
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136	no_treat_v8 <small>Show the field ONLY if: [treat_v8] = '0'</small>	Why was treatment NOT given?	notes															
137	dbs_v8 <small>Show the field ONLY if: [treat_v8] = '0'</small>	Dried blood spots collected?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
138	lesu_use_v8 <small>Show the field ONLY if: [treat_v8] = '0'</small>	Section Header: <i>IV. Lesu Questions</i> Since your last visit, how often did you use the lesu to carry the child?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Some days (1 - 3 per week)</td></tr> <tr><td>2</td><td>Most days (4 - 6 per week)</td></tr> <tr><td>3</td><td>Every day</td></tr> </table>	0	Never	1	Some days (1 - 3 per week)	2	Most days (4 - 6 per week)	3	Every day							
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139	washing_v8 <small>Show the field ONLY if: [treat_v8] = '0'</small>	Since your last visit, how many times did you wash the lesu?	text (integer, Min: 0, Max: 50), Required															
140	se_v8 <small>Show the field ONLY if: [treat_v8] = '0'</small>	Did the child experience any side effects, to include itching or rash, from the lesu?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
141	se_symp_v8 <small>Show the field ONLY if: [se_v8] = '1'</small>	If yes, what were the child's side effects?	checkbox <table border="1"> <tr><td>0</td><td>se_symp_v8__0</td><td>Headache</td></tr> <tr><td>1</td><td>se_symp_v8__1</td><td>Itching</td></tr> <tr><td>2</td><td>se_symp_v8__2</td><td>Nausea or not feeding</td></tr> <tr><td>3</td><td>se_symp_v8__3</td><td>Rash</td></tr> <tr><td>4</td><td>se_symp_v8__4</td><td>Other</td></tr> </table>	0	se_symp_v8__0	Headache	1	se_symp_v8__1	Itching	2	se_symp_v8__2	Nausea or not feeding	3	se_symp_v8__3	Rash	4	se_symp_v8__4	Other
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142	se_other_v8 <small>Show the field ONLY if: [se_symp_v8(4)] = '1'</small>	Describe the child's other symptoms:	notes															
143	se_impact_v8 <small>Show the field ONLY if: [se_symp_v8(4)] = '1'</small>	Did the side effects make you stop using the lesu or use	radio															

		Show the field ONLY if: [se_v8] = '1'	the lesu less frequently?	<table border="1"> <tr><td>0</td><td>No change in use</td></tr> <tr><td>1</td><td>Used it less frequently</td></tr> <tr><td>2</td><td>Stopped using it</td></tr> </table>	0	No change in use	1	Used it less frequently	2	Stopped using it									
0	No change in use																		
1	Used it less frequently																		
2	Stopped using it																		
144	se_moth_v8		Did the mother experience any side effects, to include itching or rash, from the lesu?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																		
0	No																		
145	se_symp_moth_v8	Show the field ONLY if: [se_moth_v8] = '1'	If yes, what were the side effects?	checkbox <table border="1"> <tr><td>0</td><td>se_symp_moth_v8__0</td><td>Headache</td></tr> <tr><td>1</td><td>se_symp_moth_v8__1</td><td>Itching</td></tr> <tr><td>2</td><td>se_symp_moth_v8__2</td><td>Nausea or loss of appetite</td></tr> <tr><td>3</td><td>se_symp_moth_v8__3</td><td>Rash</td></tr> <tr><td>4</td><td>se_symp_moth_v8__4</td><td>Other</td></tr> </table>	0	se_symp_moth_v8__0	Headache	1	se_symp_moth_v8__1	Itching	2	se_symp_moth_v8__2	Nausea or loss of appetite	3	se_symp_moth_v8__3	Rash	4	se_symp_moth_v8__4	Other
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146	se_moth_other_v8	Show the field ONLY if: [se_symp_moth_v8(4)] = '1'	Describe other symptoms:	notes															
147	se_impact_moth_v8	Show the field ONLY if: [se_moth_v8] = '1'	Did these side effects make you stop using the lesu or use the lesu less frequently?	radio <table border="1"> <tr><td>0</td><td>No change in use</td></tr> <tr><td>1</td><td>Used it less frequently</td></tr> <tr><td>2</td><td>Stopped using it</td></tr> </table>	0	No change in use	1	Used it less frequently	2	Stopped using it									
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1	Used it less frequently																		
2	Stopped using it																		
148	dc_v8		Section Header: <i>VI. Discharge Actions</i> Prior to discharge, ensure the following are complete:	checkbox <table border="1"> <tr><td>1</td><td>dc_v8__1</td><td>Retreat lesu according to assignment</td></tr> <tr><td>2</td><td>dc_v8__2</td><td>Instruct to return to clinic with card if child sick</td></tr> <tr><td>3</td><td>dc_v8__3</td><td>Remind about next scheduled visit in 2 weeks</td></tr> </table>	1	dc_v8__1	Retreat lesu according to assignment	2	dc_v8__2	Instruct to return to clinic with card if child sick	3	dc_v8__3	Remind about next scheduled visit in 2 weeks						
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3	dc_v8__3	Remind about next scheduled visit in 2 weeks																	
149	week_8_visit_complete		Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete									
0	Incomplete																		
1	Unverified																		
2	Complete																		
Instrument: Week 10 Visit (week_10_visit) ^ Collapse																			
150	date_visit_v10		Section Header: <i>Week 10 Visit</i> Date of visit DD-MM-YYYY	text (date_dmy), Required															
151	temp_v10		Section Header: <i>I. Vital Signs - Child</i> Axillary temperature degrees Celsius	text (number, Min: 35, Max: 45), Required															
152	bednet_v10		Section Header: <i>II. Medical History - Child</i> Did the child sleep under a bed net last night?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																		
0	No																		
153	fever_v10		Has the child had fever in last two weeks?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																		
0	No																		
154	onset_v10	Show the field ONLY if: [fever_v10] = '1'	If yes, when did the fever start DD-MM-YYYY	text (date_dmy)															

155	sick_v10 <small>Show the field ONLY if: [fever_v10] = '0'</small>	Even if the child has not had a fever, has he or she been otherwise unwell?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
156	symp_v10 <small>Show the field ONLY if: [sick_v10] = '1'</small>	If yes, what symptoms has the child experienced?	checkbox <table border="1"> <tr><td>0</td><td>symp_v10__0</td><td>Cough</td></tr> <tr><td>1</td><td>symp_v10__1</td><td>Diarrhea</td></tr> <tr><td>2</td><td>symp_v10__2</td><td>Ear Ache</td></tr> <tr><td>3</td><td>symp_v10__3</td><td>Not feeding</td></tr> <tr><td>4</td><td>symp_v10__4</td><td>Rash</td></tr> <tr><td>5</td><td>symp_v10__5</td><td>Runny nose</td></tr> <tr><td>6</td><td>symp_v10__6</td><td>Other (specify below)</td></tr> </table>	0	symp_v10__0	Cough	1	symp_v10__1	Diarrhea	2	symp_v10__2	Ear Ache	3	symp_v10__3	Not feeding	4	symp_v10__4	Rash	5	symp_v10__5	Runny nose	6	symp_v10__6	Other (specify below)
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157	symp_other_v10 <small>Show the field ONLY if: [symp_v10(6)] = '1'</small>	List other symptoms:	notes																					
158	healthcentre_v10 <small>Show the field ONLY if: [fever_v10] = '1' or [sick_v10] = '1'</small>	Has the child been seen at a hospital, health centre, clinic, drug shop, or other medical attendant for these symptoms?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
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159	hc_where_v10 <small>Show the field ONLY if: [healthcentre_v10] = '1'</small>	If yes, where?	radio <table border="1"> <tr><td>0</td><td>Hospital</td></tr> <tr><td>1</td><td>Health Centre</td></tr> <tr><td>2</td><td>Drug Shop or Pharmacy</td></tr> <tr><td>3</td><td>VHT</td></tr> <tr><td>4</td><td>Traditional Medicine</td></tr> </table>	0	Hospital	1	Health Centre	2	Drug Shop or Pharmacy	3	VHT	4	Traditional Medicine											
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160	medicine_v10 <small>Show the field ONLY if: [healthcentre_v10] = '1'</small>	Did the child receive medicine for malaria?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
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161	med_date_v10 <small>Show the field ONLY if: [medicine_v10] = '1'</small>	When did the child take the last dose (i.e. pill) of medicine? <small>DD-MM-YYYY</small>	text (date_dmy)																					
162	mrtdt_v10	Section Header: <i>III. Laboratory Testing - Child</i> Malaria RDT performed?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
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163	mrtdt_res_v10 <small>Show the field ONLY if: [mrtdt_v10] = '1'</small>	Malaria RDT Result <small>Repeat any invalid tests</small>	radio <table border="1"> <tr><td>0</td><td>Negative</td></tr> <tr><td>1</td><td>Positive</td></tr> </table>	0	Negative	1	Positive																	
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164	treat_v10 <small>Show the field ONLY if: ([temp_v10] >= 37.5 or [fever_v10] = '1') and [mrtdt_res_v10] = '1'</small>	If mother reported fever or child's temperature was >37.5 C, which antimalarial treatment provided?	radio <table border="1"> <tr><td>0</td><td>None (explain below)</td></tr> <tr><td>1</td><td>Coartem</td></tr> <tr><td>2</td><td>Quinine</td></tr> <tr><td>3</td><td>Admitted</td></tr> </table>	0	None (explain below)	1	Coartem	2	Quinine	3	Admitted													
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165	no_treat_v10 <small>Show the field ONLY if: [treat_v10] = '0'</small>	Why was treatment NOT given?	notes																					
166	dbs_v10	Dried blood spots collected?	yesno <table border="1"> <tr><td></td><td></td></tr> </table>																					

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167	lesu_use_v10	<p>Section Header: <i>IV. Lesu Questions</i></p> <p>Since your last visit, how often did you use the lesu to carry the child?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Some days (1 - 3 per week)</td></tr> <tr><td>2</td><td>Most days (4 - 6 per week)</td></tr> <tr><td>3</td><td>Every day</td></tr> </table>	0	Never	1	Some days (1 - 3 per week)	2	Most days (4 - 6 per week)	3	Every day							
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168	washing_v10	Since your last visit, how many times did you wash the lesu?	text (integer, Min: 0, Max: 50), Required															
169	se_v10	Did the child experience any side effects, to include itching or rash, from the lesu?	<p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
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170	se_symp_v10 <small>Show the field ONLY if: [se_v10] = '1'</small>	If yes, what were the child's side effects?	<p>checkbox</p> <table border="1"> <tr><td>0</td><td>se_symp_v10__0</td><td>Headache</td></tr> <tr><td>1</td><td>se_symp_v10__1</td><td>Itching</td></tr> <tr><td>2</td><td>se_symp_v10__2</td><td>Nausea or not feeding</td></tr> <tr><td>3</td><td>se_symp_v10__3</td><td>Rash</td></tr> <tr><td>4</td><td>se_symp_v10__4</td><td>Other</td></tr> </table>	0	se_symp_v10__0	Headache	1	se_symp_v10__1	Itching	2	se_symp_v10__2	Nausea or not feeding	3	se_symp_v10__3	Rash	4	se_symp_v10__4	Other
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171	se_other_v10 <small>Show the field ONLY if: [se_symp_v10(4)] = '1'</small>	Describe the child's other symptoms:	notes															
172	se_impact_v10 <small>Show the field ONLY if: [se_v10] = '1'</small>	Did the side effects make you stop using the lesu or use the lesu less frequently?	<p>radio</p> <table border="1"> <tr><td>0</td><td>No change in use</td></tr> <tr><td>1</td><td>Used it less frequently</td></tr> <tr><td>2</td><td>Stopped using it</td></tr> </table>	0	No change in use	1	Used it less frequently	2	Stopped using it									
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173	se_moth_v10	Did the mother experience any side effects, to include itching or rash, from the lesu?	<p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
174	se_symp_moth_v10 <small>Show the field ONLY if: [se_moth_v10] = '1'</small>	If yes, what were the side effects?	<p>checkbox</p> <table border="1"> <tr><td>0</td><td>se_symp_moth_v10__0</td><td>Headache</td></tr> <tr><td>1</td><td>se_symp_moth_v10__1</td><td>Itching</td></tr> <tr><td>2</td><td>se_symp_moth_v10__2</td><td>Nausea or loss of appetite</td></tr> <tr><td>3</td><td>se_symp_moth_v10__3</td><td>Rash</td></tr> <tr><td>4</td><td>se_symp_moth_v10__4</td><td>Other</td></tr> </table>	0	se_symp_moth_v10__0	Headache	1	se_symp_moth_v10__1	Itching	2	se_symp_moth_v10__2	Nausea or loss of appetite	3	se_symp_moth_v10__3	Rash	4	se_symp_moth_v10__4	Other
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176	se_impact_moth_v10 <small>Show the field ONLY if: [se_moth_v10] = '1'</small>	Did these side effects make you stop using the lesu or use the lesu less frequently?	<p>radio</p> <table border="1"> <tr><td>0</td><td>No change in use</td></tr> <tr><td>1</td><td>Used it less frequently</td></tr> <tr><td>2</td><td>Stopped using it</td></tr> </table>	0	No change in use	1	Used it less frequently	2	Stopped using it									
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1	Used it less frequently																	
2	Stopped using it																	
177	dc_v10	<p>Section Header: <i>VI. Discharge Actions</i></p> <p>Prior to discharge, ensure the following are complete:</p>	<p>checkbox</p> <table border="1"> <tr><td>2</td><td>dc_v10__2</td><td>Instruct to return to clinic with card if child sick</td></tr> </table>	2	dc_v10__2	Instruct to return to clinic with card if child sick												
2	dc_v10__2	Instruct to return to clinic with card if child sick																

				3	dc_v10__3	Remind about next scheduled visit in 2 weeks																					
178	week_10_visit_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>				0	Incomplete	1	Unverified	2	Complete															
0	Incomplete																										
1	Unverified																										
2	Complete																										
Instrument: Week 12 Visit (week_12_visit) ^ Collapse																											
179	date_visit_v12	Section Header: <i>Week 12 (Final) Visit</i> Date of visit <i>DD-MM-YYYY</i>	text (date_dmy), Required																								
180	height_v12	Section Header: <i>I. Vital Signs - Child</i> Height <i>cm</i>	text (number, Min: 50, Max: 100), Required																								
181	weight_v12	Weight <i>kg</i>	text (number, Min: 5, Max: 20), Required																								
182	muac_v12	Mid-Upper Arm Circumference <i>cm</i>	text (number, Min: 5, Max: 25), Required																								
183	temp_v12	Axillary temperature <i>degrees Celsius</i>	text (number, Min: 35, Max: 45), Required																								
184	bednet_v12	Section Header: <i>II. Medical History - Child</i> Did the child sleep under a bed net last night?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>				1	Yes	0	No																	
1	Yes																										
0	No																										
185	fever_v12	Has the child had fever in last two weeks?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>				1	Yes	0	No																	
1	Yes																										
0	No																										
186	onset_v12 <i>Show the field ONLY if: [fever_v12] = '1'</i>	If yes, when did the fever start <i>DD-MM-YYYY</i>	text (date_dmy)																								
187	sick_v12 <i>Show the field ONLY if: [fever_v12] = '0'</i>	Even if the child has not had a fever, has he or she been otherwise unwell?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>				1	Yes	0	No																	
1	Yes																										
0	No																										
188	symp_v12 <i>Show the field ONLY if: [sick_v12] = '1'</i>	If yes, what symptoms has the child experienced?	checkbox <table border="1"> <tr><td>0</td><td>symp_v12__0</td><td>Cough</td></tr> <tr><td>1</td><td>symp_v12__1</td><td>Diarrhea</td></tr> <tr><td>2</td><td>symp_v12__2</td><td>Ear Ache</td></tr> <tr><td>3</td><td>symp_v12__3</td><td>Not feeding</td></tr> <tr><td>4</td><td>symp_v12__4</td><td>Rash</td></tr> <tr><td>5</td><td>symp_v12__5</td><td>Runny nose</td></tr> <tr><td>6</td><td>symp_v12__6</td><td>Other (specify below)</td></tr> </table>				0	symp_v12__0	Cough	1	symp_v12__1	Diarrhea	2	symp_v12__2	Ear Ache	3	symp_v12__3	Not feeding	4	symp_v12__4	Rash	5	symp_v12__5	Runny nose	6	symp_v12__6	Other (specify below)
0	symp_v12__0	Cough																									
1	symp_v12__1	Diarrhea																									
2	symp_v12__2	Ear Ache																									
3	symp_v12__3	Not feeding																									
4	symp_v12__4	Rash																									
5	symp_v12__5	Runny nose																									
6	symp_v12__6	Other (specify below)																									
189	symp_other_v12 <i>Show the field ONLY if: [symp_v12(6)] = '1'</i>	List other symptoms:	notes																								
190	healthcentre_v12 <i>Show the field ONLY if: [fever_v12] = '1' or [sick_v12] = '1'</i>	Has the child been seen at a hospital, health centre, clinic, drug shop, or other medical attendant for these symptoms?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>				1	Yes	0	No																	
1	Yes																										
0	No																										
191	hc_where_v12	If yes, where?	radio <table border="1"> <tr><td>0</td><td>Hospital</td></tr> </table>				0	Hospital																			
0	Hospital																										

		Show the field ONLY if: [healthcentre_v12] = '1'		<table border="1"> <tr><td>1</td><td>Health Centre</td></tr> <tr><td>2</td><td>Drug Shop or Pharmacy</td></tr> <tr><td>3</td><td>VHT</td></tr> <tr><td>4</td><td>Traditional Medicine</td></tr> </table>	1	Health Centre	2	Drug Shop or Pharmacy	3	VHT	4	Traditional Medicine
1	Health Centre											
2	Drug Shop or Pharmacy											
3	VHT											
4	Traditional Medicine											
192	medicine_v12	Show the field ONLY if: [healthcentre_v12] = '1'	Did the child receive medicine for malaria?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes											
0	No											
193	med_date_v12	Show the field ONLY if: [medicine_v12] = '1'	When did the child take the last dose (i.e. pill) of medicine? <i>DD-MM-YYYY</i>	text (date_dmy)								
194	mrtdt_v12		Section Header: <i>III. Laboratory Testing - Child</i> Malaria RDT performed?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes											
0	No											
195	mrtdt_res_v12	Show the field ONLY if: [mrtdt_v12] = '1'	Malaria RDT Result <i>Repeat any invalid tests</i>	radio <table border="1"> <tr><td>0</td><td>Negative</td></tr> <tr><td>1</td><td>Positive</td></tr> </table>	0	Negative	1	Positive				
0	Negative											
1	Positive											
196	treat_v12	Show the field ONLY if: ([temp_v12] >= 37.5 or [fever_v12] = '1') and [mrtdt_res_v12] = '1'	If mother reported fever or child's temperature was >37.5 C, which antimalarial treatment provided?	radio <table border="1"> <tr><td>0</td><td>None (explain below)</td></tr> <tr><td>1</td><td>Coartem</td></tr> <tr><td>2</td><td>Quinine</td></tr> <tr><td>3</td><td>Admitted</td></tr> </table>	0	None (explain below)	1	Coartem	2	Quinine	3	Admitted
0	None (explain below)											
1	Coartem											
2	Quinine											
3	Admitted											
197	no_treat_v12	Show the field ONLY if: [treat_v12] = '0'	Why was treatment NOT given?	notes								
198	cbc_v12		Hemoglobin measured?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes											
0	No											
199	hb_v12	Show the field ONLY if: [cbc_v12] = '1'	Hemoglobin (g/dL)	text (number, Min: 3, Max: 20)								
200	dbs_v12		Dried blood spots collected?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes											
0	No											
201	urine_v12		Urine sample collected?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes											
0	No											
202	bednet_mot_v12		Section Header: <i>IV. Medical History - Mother</i> Did the mother sleep under a bed net last night?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes											
0	No											
203	cosleep_v12	Show the field ONLY if: [bednet_mot_v12] = '1'	Did the mother sleep under the same net as the child?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes											
0	No											
204	cbc_mot_v12		Section Header: <i>V. Laboratory Testing - Mother</i> Hemoglobin measured?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> </table>	1	Yes						
1	Yes											

				0 No
205	hb_mot_v12 <small>Show the field ONLY if: [cbc_mot_v12] = '1'</small>	Hemoglobin (g/dL)		text (number, Min: 3, Max: 20)
206	db_s_mot_v12	Dried blood spots collected?		yesno 1 Yes 0 No
207	urine_mot_v12	Urine sample collected?		yesno 1 Yes 0 No
208	dc_v12	Section Header: <i>VI. Discharge Actions</i> Prior to discharge, ensure the following are complete:		checkbox 0 dc_v12__0 Complete Exit Interview 1 dc_v12__1 Give completion bonus (if eligible) 2 dc_v12__2 Thank for participation in the study
209	week_12_visit_complete	Section Header: <i>Form Status</i> Complete?		dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Exit Interview (exit_interview) ^ Collapse				
210	exit_date	Date		text (date_dmy), Required
211	exit_use <small>Show the field ONLY if: [exit_lessmore] = '0' or [exit_lessmore] = '1'</small>	How did you use the lesu? <small>Check all that apply</small>		checkbox, Required 0 exit_use__0 Carry child on back 1 exit_use__1 Blanket for sleep 2 exit_use__2 Cloth to set child down on ground 3 exit_use__3 Other Custom alignment: RH
212	exit_use_other	If other, please describe		notes Custom alignment: RH
213	exit_lessmore	Did you use this lesu more or less than lesu with your other children?		dropdown, Required 0 Less 1 More 2 Not applicable - this was first child Custom alignment: RH
214	exit_lessmore_des <small>Show the field ONLY if: [exit_lessmore] = '0' or [exit_lessmore] = '1'</small>	Why did you use it less or more?		notes Custom alignment: RH
215	exit_se	Did you observe your child having any side effects from the lesu over the study period?		yesno, Required 1 Yes 0 No
216	exit_se_des <small>Show the field ONLY if: [exit_se] = '1'</small>	If yes, please describe:		notes

217	exit_mat_se		Did you have any side effects from wearing the lesu over the study period?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No						
1	Yes													
0	No													
218	exit_mat_se_des <small>Show the field ONLY if: [exit_mat_se] = '1'</small>		If yes, please describe:	notes										
219	exit_ben		Did you observe any benefit against mosquitos and other bugs from the lesu?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No						
1	Yes													
0	No													
220	exit_ben_des <small>Show the field ONLY if: [exit_ben] = '1'</small>		If yes, please describe:	notes										
221	exit_rec		Would you recommend lesus treated with insecticide to a family member or friend?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No						
1	Yes													
0	No													
222	exit_rec_des		Please explain why or why not?	notes										
223	exit_pay		Would you be willing to pay more for a lesu that was treated with insecticide?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No						
1	Yes													
0	No													
224	exit_pay_amt <small>Show the field ONLY if: [exit_pay] = '1'</small>		How much more would you be willing to pay for a treated lesu than a standard lesu?	dropdown <table><tr><td>0</td><td>1,000 shillings</td></tr><tr><td>1</td><td>2,500 shillings</td></tr><tr><td>2</td><td>5,000 shillings</td></tr><tr><td>3</td><td>10,000 shillings</td></tr><tr><td>4</td><td>>10,000 shillings</td></tr></table> Custom alignment: RH	0	1,000 shillings	1	2,500 shillings	2	5,000 shillings	3	10,000 shillings	4	>10,000 shillings
0	1,000 shillings													
1	2,500 shillings													
2	5,000 shillings													
3	10,000 shillings													
4	>10,000 shillings													
225	exit_final		Do you have any final comments about the lesu?	notes, Required Custom alignment: RH										
226	exit_interview_complete		Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete													
1	Unverified													
2	Complete													

Instrument: **Home Visit** (home_visit_d08c3f)[^ Collapse](#)

	227	time	Section Header: <i>Section 1: Respondent's Background</i> 101. RECORD THE TIME	text (time)						
	228	birth_date	102. In what month and year were you born?	text (date_dmy), Identifier						
	229	birth_date_unknown	If unknown, select:	checkbox <table><tr><td>1</td><td>birth_date_unknown__1</td><td>Don't know month</td></tr><tr><td>2</td><td>birth_date_unknown__2</td><td>Dont know year</td></tr></table>	1	birth_date_unknown__1	Don't know month	2	birth_date_unknown__2	Dont know year
1	birth_date_unknown__1	Don't know month								
2	birth_date_unknown__2	Dont know year								
	230	age_years	103. How old were you at your last birthday? <i>age in completed years</i>	text (number, Min: 18, Max: 65), Identifier						
	231	school_yn	104. Have you ever attended school?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes									
0	No									
	232	school_highestlevel	105. What is the highest level of school you attended?	radio						

		Show the field ONLY if: [school_yn] = '1'		<table><tr><td>1</td><td>Primary</td></tr><tr><td>2</td><td>'O' Level</td></tr><tr><td>3</td><td>'A' Level</td></tr><tr><td>4</td><td>University/Tertiary</td></tr></table>	1	Primary	2	'O' Level	3	'A' Level	4	University/Tertiary														
1	Primary																									
2	'O' Level																									
3	'A' Level																									
4	University/Tertiary																									
233	school_highestyear	Show the field ONLY if: [school_yn] = '1'	106. What is the highest (class/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'. <i>if less than one year, record "00"</i>	text (number, Min: 0)																						
234	school_level	Show the field ONLY if: [school_yn]='1'	107. CHECK 105:	radio <table><tr><td>1</td><td>PRIMARY</td></tr><tr><td>2</td><td>SECONDARY OR HIGHER</td></tr></table>	1	PRIMARY	2	SECONDARY OR HIGHER																		
1	PRIMARY																									
2	SECONDARY OR HIGHER																									
235	read_card		108. Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	radio <table><tr><td>1</td><td>Cannot read at all</td></tr><tr><td>2</td><td>Able to read only parts of sentence</td></tr><tr><td>3</td><td>Able to read whole sentence</td></tr><tr><td>4</td><td>No card with required language</td></tr><tr><td>5</td><td>Blind/Visually impaired</td></tr></table>	1	Cannot read at all	2	Able to read only parts of sentence	3	Able to read whole sentence	4	No card with required language	5	Blind/Visually impaired												
1	Cannot read at all																									
2	Able to read only parts of sentence																									
3	Able to read whole sentence																									
4	No card with required language																									
5	Blind/Visually impaired																									
236	language	Show the field ONLY if: [read_card] = '4'	Please specify the language	notes																						
237	religion		109. What is your religion?	radio <table><tr><td>1</td><td>Catholic</td></tr><tr><td>2</td><td>Anglican/Protestant</td></tr><tr><td>3</td><td>SDA</td></tr><tr><td>4</td><td>Pentecostal</td></tr><tr><td>5</td><td>Other Christian</td></tr><tr><td>6</td><td>Moslem</td></tr><tr><td>7</td><td>Bahai</td></tr><tr><td>8</td><td>Traditional</td></tr><tr><td>9</td><td>Hindu</td></tr><tr><td>10</td><td>None</td></tr><tr><td>99</td><td>Other</td></tr></table>	1	Catholic	2	Anglican/Protestant	3	SDA	4	Pentecostal	5	Other Christian	6	Moslem	7	Bahai	8	Traditional	9	Hindu	10	None	99	Other
1	Catholic																									
2	Anglican/Protestant																									
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4	Pentecostal																									
5	Other Christian																									
6	Moslem																									
7	Bahai																									
8	Traditional																									
9	Hindu																									
10	None																									
99	Other																									
238	religion_other	Show the field ONLY if: [religion] = '99'	Specify Religion	notes																						
239	ethnicity		110. What is your ethnic group?	radio <table><tr><td>1</td><td>Baganda</td></tr><tr><td>2</td><td>Banyankore</td></tr><tr><td>3</td><td>Iteso</td></tr><tr><td>4</td><td>Lugbara/Madi</td></tr><tr><td>5</td><td>Basoga</td></tr><tr><td>6</td><td>Langi</td></tr><tr><td>7</td><td>Bakiga</td></tr><tr><td>8</td><td>Karimojong</td></tr><tr><td></td><td></td></tr></table>	1	Baganda	2	Banyankore	3	Iteso	4	Lugbara/Madi	5	Basoga	6	Langi	7	Bakiga	8	Karimojong						
1	Baganda																									
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				<table border="1"> <tr><td>9</td><td>Acholi</td></tr> <tr><td>10</td><td>Bagisu/Sabiny</td></tr> <tr><td>11</td><td>Alur/Jopadhola</td></tr> <tr><td>12</td><td>Banyoro</td></tr> <tr><td>13</td><td>Batoro</td></tr> <tr><td>99</td><td>Other</td></tr> </table>	9	Acholi	10	Bagisu/Sabiny	11	Alur/Jopadhola	12	Banyoro	13	Batoro	99	Other						
9	Acholi																					
10	Bagisu/Sabiny																					
11	Alur/Jopadhola																					
12	Banyoro																					
13	Batoro																					
99	Other																					
240	ethnicity_other <small>Show the field ONLY if: [ethnicity] = '99'</small>	Specify ethnic group		notes																		
241	messages_yn	111. In the past six months, have you seen or heard any messages about malaria?		yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																					
0	No																					
242	messages_where <small>Show the field ONLY if: [messages_yn] = '1'</small>	112. Have you seen or heard these messages:		checkbox <table border="1"> <tr><td>1</td><td>messages_where__1</td><td>On the radio</td></tr> <tr><td>2</td><td>messages_where__2</td><td>On the television</td></tr> <tr><td>3</td><td>messages_where__3</td><td>On a poster or billboard</td></tr> <tr><td>4</td><td>messages_where__4</td><td>From a community health worker</td></tr> <tr><td>5</td><td>messages_where__5</td><td>At a community event</td></tr> <tr><td>6</td><td>messages_where__6</td><td>Anywhere else</td></tr> </table>	1	messages_where__1	On the radio	2	messages_where__2	On the television	3	messages_where__3	On a poster or billboard	4	messages_where__4	From a community health worker	5	messages_where__5	At a community event	6	messages_where__6	Anywhere else
1	messages_where__1	On the radio																				
2	messages_where__2	On the television																				
3	messages_where__3	On a poster or billboard																				
4	messages_where__4	From a community health worker																				
5	messages_where__5	At a community event																				
6	messages_where__6	Anywhere else																				
243	birth_any_yn	Section Header: <i>Section 2: Reproduction</i> 201. Now I would like to ask about all the births you have had during your life. Have you ever given birth?		yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																					
0	No																					
244	kids_home_yn <small>Show the field ONLY if: [birth_any_yn] = '1'</small>	202. Do you have any sons or daughters to whom you have given birth who are now living with you?		yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																					
0	No																					
245	sons_home <small>Show the field ONLY if: [kids_home_yn] = '1'</small>	203 (a). How many sons live with you? IF NONE, RECORD 00		text (integer, Min: 0)																		
246	daughters_home <small>Show the field ONLY if: [kids_home_yn] = '1'</small>	203 (b) And how many daughters live with you? IF NONE, RECORD '00'.		text (integer, Min: 0)																		
247	kids_elsewhere_yn	204. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?		yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																					
0	No																					
248	sons_elsewhere <small>Show the field ONLY if: [kids_elsewhere_yn] = '1'</small>	205 (a) How many sons are alive but do not live with you? IF NONE, RECORD '00'.		text (number, Min: 0)																		
249	daughters_elsewhere_acc7c3 <small>Show the field ONLY if: [kids_elsewhere_yn] = '1'</small>	205 (b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.		text (number, Min: 0)																		
250	birth_laterdied_yn	206. Have you ever given birth to a boy or girl who was born alive but later died?		yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																					
0	No																					
251	sons_laterdied	207(a). How many boys have died?		text (integer, Min: 0)																		

		Show the field ONLY if: [birth_laterdied_yn] = '1'	IF NONE, RECORD '00'.															
252	daughters_laterdied	Show the field ONLY if: [birth_laterdied_yn] = '1'	207(b). And how many girls have died? IF NONE, RECORD '00'.	text (integer, Min: 0)														
253	birth_notsurvived_yn	Show the field ONLY if: [birth_laterdied_yn] = '0'	Any baby who cried or showed signs of life but did not survive?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No										
1	Yes																	
0	No																	
254	birth_total		208. SUM ANSWERS TO 203, 205 AND 207. AND ENTER TOTAL BIRTHS. IF NONE, RECORD '00'.	text (integer, Min: 0)														
255	check_208		209. CHECK 208!	descriptive														
256	mrb_number		210. Now I'd like to ask you about your more recent births. How many births have you had in the last 6 years? IF NONE, RECORD '00'.	text (integer, Min: 0, Max: 10)														
257	check_215		Section Header: <i>Section 3: Pregnancy and Intermittent Preventative Treatment</i> 301. CHECK 215. ENTER IN THE TABLE THE NAME AND SURVIVAL STATUS OF THE MOST RECENT BIRTH. Now I would like to ask you some questions about your last pregnancy that resulted in a live birth.	descriptive														
258	mrb_name		301(a). MOST RECENT BIRTH--NAME	notes, Identifier														
259	mrb_livingordead		301(b). MOST RECENT BIRTH--Living or Dead?	radio <table><tr><td>1</td><td>Living</td></tr><tr><td>2</td><td>Dead</td></tr></table>	1	Living	2	Dead										
1	Living																	
2	Dead																	
260	antenatal_yn		302. When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No										
1	Yes																	
0	No																	
261	antenatal_provider		303. Whom did you see? Anyone else?	radio <table><tr><td>1</td><td>Doctor</td></tr><tr><td>2</td><td>Nurse/Midwife</td></tr><tr><td>3</td><td>Medical Assistant/Clinical Officer</td></tr><tr><td>4</td><td>Nursing Aide</td></tr><tr><td>5</td><td>Traditional Birth Attendant</td></tr><tr><td>6</td><td>Other</td></tr></table>	1	Doctor	2	Nurse/Midwife	3	Medical Assistant/Clinical Officer	4	Nursing Aide	5	Traditional Birth Attendant	6	Other		
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262	antenatal_provider_other	Show the field ONLY if: [antenatal_provider] = '6'	303. Specify:	notes														
263	antenatal_whynone	Show the field ONLY if: [antenatal_yn] = '0'	303(a). What was the main reason why you did not see anyone for antenatal care?	radio <table><tr><td>1</td><td>Clinic too far</td></tr><tr><td>2</td><td>Had no money</td></tr><tr><td>3</td><td>Had no time</td></tr><tr><td>4</td><td>Not aware had to attend</td></tr><tr><td>5</td><td>Did not want to attend</td></tr><tr><td>6</td><td>Other</td></tr><tr><td>8</td><td>Don't know</td></tr></table>	1	Clinic too far	2	Had no money	3	Had no time	4	Not aware had to attend	5	Did not want to attend	6	Other	8	Don't know
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6	Other																	
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264	antenatal_whynone_other Show the field ONLY if: [antenatal_whynone] = '6'	303(a). Specify:	notes															
265	pregnancy_malariadrug_yn	304. During this pregnancy, did you take any drugs to keep you from getting malaria?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>8</td><td>Don't know</td></tr></table>		1	Yes	0	No	8	Don't know								
1	Yes																	
0	No																	
8	Don't know																	
266	pregnancy_malariadrug_whynone Show the field ONLY if: [pregnancy_malariadrug_yn] = '0'	304(a). What was the main reason why you did not take any drugs to keep you from getting malaria during this pregnancy?	radio <table><tr><td>1</td><td>Clinic too far</td></tr><tr><td>2</td><td>Had no money</td></tr><tr><td>3</td><td>Side effects</td></tr><tr><td>4</td><td>Not aware had to take any</td></tr><tr><td>5</td><td>Did not want to take</td></tr><tr><td>6</td><td>Other</td></tr><tr><td>8</td><td>Don't know</td></tr></table>		1	Clinic too far	2	Had no money	3	Side effects	4	Not aware had to take any	5	Did not want to take	6	Other	8	Don't know
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267	pregnancy_malariadrug_whynone_other Show the field ONLY if: [pregnancy_malariadrug_whynone] = '6'	304(a). Specify:	notes															
268	pregnancy_malariadrug	305. What drugs did you take? RECORD ALL MENTIONED IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	checkbox <table><tr><td>1</td><td>pregnancy_malariadrug__1</td><td>SP/Fansidar</td></tr><tr><td>2</td><td>pregnancy_malariadrug__2</td><td>Chloroquine</td></tr><tr><td>3</td><td>pregnancy_malariadrug__3</td><td>Other</td></tr><tr><td>4</td><td>pregnancy_malariadrug__4</td><td>Don't know</td></tr></table>		1	pregnancy_malariadrug__1	SP/Fansidar	2	pregnancy_malariadrug__2	Chloroquine	3	pregnancy_malariadrug__3	Other	4	pregnancy_malariadrug__4	Don't know		
1	pregnancy_malariadrug__1	SP/Fansidar																
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3	pregnancy_malariadrug__3	Other																
4	pregnancy_malariadrug__4	Don't know																
269	pregnancy_spfansidar_freq Show the field ONLY if: [pregnancy_malariadrug(1)] = '1'	307. How many times did you take SP/Fansidar during this pregnancy?	text (integer, Min: 0)															
270	pregnancy_spfansidar_whyonce Show the field ONLY if: [pregnancy_spfansidar_freq] < 2	307(b). Why did you take (SP/Fansidar) only one time during this pregnancy?	radio <table><tr><td>1</td><td>Clinic too far</td></tr><tr><td>2</td><td>Had no money</td></tr><tr><td>3</td><td>Side effects</td></tr><tr><td>4</td><td>Not aware had to take more</td></tr><tr><td>5</td><td>Did not want to take</td></tr><tr><td>6</td><td>Other</td></tr><tr><td>7</td><td>Don't know</td></tr></table>		1	Clinic too far	2	Had no money	3	Side effects	4	Not aware had to take more	5	Did not want to take	6	Other	7	Don't know
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271	pregnancy_spfansidar_whyonce_other Show the field ONLY if: [pregnancy_spfansidar_whyonce] = '6'	307(b). Specify:	notes															
272	pregnancy_spfansidar_where Show the field ONLY if: [pregnancy_malariadrug(1)] = '1'	309. Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	radio <table><tr><td>1</td><td>Antenatal visit</td></tr><tr><td>2</td><td>Another facility visit</td></tr><tr><td>3</td><td>Other source</td></tr></table>		1	Antenatal visit	2	Another facility visit	3	Other source								
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3	Other source																	

273	check_215_216	310: CHECK 215 AND 216:	radio <table><tr><td>1</td><td colspan="3">ONE OR MORE LIVING CHILDREN BORN IN 2008 OR LATER</td></tr><tr><td>2</td><td colspan="3">NO LIVING CHILDREN BORN IN 2008 OR LATER</td></tr></table>		1	ONE OR MORE LIVING CHILDREN BORN IN 2008 OR LATER			2	NO LIVING CHILDREN BORN IN 2008 OR LATER																										
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274	check_215_401 Show the field ONLY if: [check_215_216] = '1'	Section Header: <i>Section 4: Fever in Children</i> 401. CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2014 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE MOST RECENT BIRTH. IF MORE THAN THREE BIRTHS-USE AN ADDITIONAL QUESTIONNAIRE.	descriptive																																	
275	mrb_birth_number Show the field ONLY if: [check_215_216] = '1'	402. MOST RECENT BIRTH Birth history number from 212 in birth history:	text																																	
276	mrb_name2 Show the field ONLY if: [mrb_birth_number] >= 00	403. FROM 212 AND 216 Name:	text, Identifier																																	
277	mrb_livingordead2 Show the field ONLY if: [mrb_birth_number] >= 00	403(a). Is (name) living or deceased?	radio <table><tr><td>1</td><td>Living</td></tr><tr><td>2</td><td>Dead</td></tr></table>		1	Living	2	Dead																												
1	Living																																			
2	Dead																																			
278	mrb_fever_yn Show the field ONLY if: [mrb_livingordead2] = '1'	404. Has (Name) been ill with a fever at any time in the last 2 weeks?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Don't Know</td></tr></table>		1	Yes	0	No	99	Don't Know																										
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99	Don't Know																																			
279	mrb_blooddraw_yn Show the field ONLY if: [mrb_fever_yn] = '1'	405. At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Don't know</td></tr></table>		1	Yes	2	No	3	Don't know																										
1	Yes																																			
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280	mrb_adviceortrt_yn Show the field ONLY if: [mrb_fever_yn]='1'	406. Did you seek advice or treatment for the illness from any source?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>		1	Yes	0	No																												
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0	No																																			
281	mrb_adviceortrt_whynone Show the field ONLY if: [mrb_adviceortrt_yn] = '0'	406(a). Why have you not sought advice or treatment from any source?	radio <table><tr><td>1</td><td colspan="3">Child just fell ill</td></tr><tr><td>2</td><td colspan="3">Child not very ill</td></tr><tr><td>3</td><td colspan="3">Clinic too far</td></tr><tr><td>4</td><td colspan="3">Have no money</td></tr><tr><td>5</td><td colspan="3">Waiting for child's father</td></tr><tr><td>6</td><td colspan="3">Don't know what to do</td></tr><tr><td>7</td><td colspan="3">Already had medicine at home</td></tr><tr><td>8</td><td colspan="3">Other</td></tr></table>		1	Child just fell ill			2	Child not very ill			3	Clinic too far			4	Have no money			5	Waiting for child's father			6	Don't know what to do			7	Already had medicine at home			8	Other		
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282	mrb_adviceortrt_whynone_ot her Show the field ONLY if: [mrb_adviceortrt_yn] = '8'	406(a). Specify.	notes																																	
283	mrb_adviceortrt_where Show the field ONLY if: [mrb_adviceortrt_yn] = '1'	407. Where did you seek advice or treatment? Anywhere else?	checkbox <table><tr><td>1</td><td>mrb_adviceortrt_where__1</td><td>Government hospital</td></tr><tr><td></td><td></td><td></td></tr></table>		1	mrb_adviceortrt_where__1	Government hospital																													
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				<table><tr><td>2</td><td>mrb_adviceortrt_where__2</td><td>Government health center</td></tr><tr><td>3</td><td>mrb_adviceortrt_where__3</td><td>Government health post</td></tr><tr><td>4</td><td>mrb_adviceortrt_where__4</td><td>Mobile clinic</td></tr><tr><td>5</td><td>mrb_adviceortrt_where__5</td><td>Community health worker (VHT)</td></tr><tr><td>6</td><td>mrb_adviceortrt_where__6</td><td>Other public sector</td></tr><tr><td>7</td><td>mrb_adviceortrt_where__7</td><td>Public sector (PNFP) hospital</td></tr><tr><td>8</td><td>mrb_adviceortrt_where__8</td><td>Public sector (PNFP) health center</td></tr><tr><td>9</td><td>mrb_adviceortrt_where__9</td><td>Private hospital/clinic</td></tr><tr><td>10</td><td>mrb_adviceortrt_where__10</td><td>Pharmacy</td></tr><tr><td>11</td><td>mrb_adviceortrt_where__11</td><td>Private mobile clinic</td></tr><tr><td>12</td><td>mrb_adviceortrt_where__12</td><td>Fieldworker</td></tr><tr><td>13</td><td>mrb_adviceortrt_where__13</td><td>Other private medical sector</td></tr><tr><td>14</td><td>mrb_adviceortrt_where__14</td><td>Shop</td></tr><tr><td>15</td><td>mrb_adviceortrt_where__15</td><td>Traditional practitioner</td></tr><tr><td>16</td><td>mrb_adviceortrt_where__16</td><td>Market</td></tr><tr><td>17</td><td>mrb_adviceortrt_where__17</td><td>Other</td></tr></table>	2	mrb_adviceortrt_where__2	Government health center	3	mrb_adviceortrt_where__3	Government health post	4	mrb_adviceortrt_where__4	Mobile clinic	5	mrb_adviceortrt_where__5	Community health worker (VHT)	6	mrb_adviceortrt_where__6	Other public sector	7	mrb_adviceortrt_where__7	Public sector (PNFP) hospital	8	mrb_adviceortrt_where__8	Public sector (PNFP) health center	9	mrb_adviceortrt_where__9	Private hospital/clinic	10	mrb_adviceortrt_where__10	Pharmacy	11	mrb_adviceortrt_where__11	Private mobile clinic	12	mrb_adviceortrt_where__12	Fieldworker	13	mrb_adviceortrt_where__13	Other private medical sector	14	mrb_adviceortrt_where__14	Shop	15	mrb_adviceortrt_where__15	Traditional practitioner	16	mrb_adviceortrt_where__16	Market	17	mrb_adviceortrt_where__17	Other
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17	mrb_adviceortrt_where__17	Other																																																		
	284	mrb_adviceortrt_where_other <small>Show the field ONLY if: [mrb_adviceortrt_yn]='1'</small>	407(a). Specify, and/or if unable to determine if public or private sector, write the name of the place(s).	notes																																																
	285	mrb_check407	408. CHECK 407:	radio <table><tr><td>1</td><td>TWO OR MORE CODES CIRCLED</td></tr><tr><td>2</td><td>ONLY ONE CODE CIRCLED</td></tr></table>	1	TWO OR MORE CODES CIRCLED	2	ONLY ONE CODE CIRCLED																																												
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	286	mrb_adviceortrt_first_where <small>Show the field ONLY if: [mrb_check407] = '1'</small>	409. Where did you first seek advice or treatment? USE LETTER CODE FROM 407. FIRST PLACE:	text																																																
	287	mrb_drugstaken_yn	410. At any time during the illness, did (NAME) take any drugs for the illness?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Don't know</td></tr></table>	1	Yes	2	No	3	Don't know																																										
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	288	smrb_yn	Is there a second most recent birth?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No																																												
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	289	smrb_birth_number <small>Show the field ONLY if: [smrb_yn] = '1'</small>	402. SECOND MOST RECENT BIRTH Birth history number from 212 in birth history:	text																																																
	290	smrb_name	403. FROM 212 AND 216	text, Identifier																																																

		Show the field ONLY if: [smrb_birth_number] >= 00	Name:																									
291	smrb_livingordead	Show the field ONLY if: [smrb_birth_number] >= 00	403(a). Is (name) living or deceased?	radio <table border="1"> <tr><td>1</td><td>Living</td></tr> <tr><td>2</td><td>Dead</td></tr> </table>	1	Living	2	Dead																				
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292	smrb_fever_yn	Show the field ONLY if: [smrb_livingordead] = '1'	404. Has (Name) been ill with a fever at any time in the last 2 weeks?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	99	Don't Know																		
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293	smrb_blooddraw_yn	Show the field ONLY if: [smrb_fever_yn] = '1'	405. At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table>	1	Yes	2	No	3	Don't know																		
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294	smrb_adviceortrt_yn	Show the field ONLY if: [smrb_fever_yn] = '1'	406. Did you seek advice or treatment for the illness from any source?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
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295	smrb_adviceortrt_whynone	Show the field ONLY if: [smrb_adviceortrt_yn] = '0'	406(a). Why have you not sought advice or treatment from any source?	radio <table border="1"> <tr><td>1</td><td>Child just fell ill</td></tr> <tr><td>2</td><td>Child not very ill</td></tr> <tr><td>3</td><td>Clinic too far</td></tr> <tr><td>4</td><td>Have no money</td></tr> <tr><td>5</td><td>Waiting for child's father</td></tr> <tr><td>6</td><td>Don't know what to do</td></tr> <tr><td>7</td><td>Already had medicine at home</td></tr> <tr><td>8</td><td>Other</td></tr> </table>	1	Child just fell ill	2	Child not very ill	3	Clinic too far	4	Have no money	5	Waiting for child's father	6	Don't know what to do	7	Already had medicine at home	8	Other								
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297	smrb_adviceortrt_where	Show the field ONLY if: [smrb_adviceortrt_yn] = '1'	407. Where did you seek advice or treatment? Anywhere else?	checkbox <table border="1"> <tr><td>1</td><td>smrb_adviceortrt_where__1</td><td>Government hospital</td></tr> <tr><td>2</td><td>smrb_adviceortrt_where__2</td><td>Government health center</td></tr> <tr><td>3</td><td>smrb_adviceortrt_where__3</td><td>Government health post</td></tr> <tr><td>4</td><td>smrb_adviceortrt_where__4</td><td>Mobile clinic</td></tr> <tr><td>5</td><td>smrb_adviceortrt_where__5</td><td>Community health worker (VHT)</td></tr> <tr><td>6</td><td>smrb_adviceortrt_where__6</td><td>Other public sector</td></tr> <tr><td>7</td><td>smrb_adviceortrt_where__7</td><td>Public sector (PNFP) hospital</td></tr> <tr><td>8</td><td>smrb_adviceortrt_where__8</td><td>Public sector (PNFP) health center</td></tr> </table>	1	smrb_adviceortrt_where__1	Government hospital	2	smrb_adviceortrt_where__2	Government health center	3	smrb_adviceortrt_where__3	Government health post	4	smrb_adviceortrt_where__4	Mobile clinic	5	smrb_adviceortrt_where__5	Community health worker (VHT)	6	smrb_adviceortrt_where__6	Other public sector	7	smrb_adviceortrt_where__7	Public sector (PNFP) hospital	8	smrb_adviceortrt_where__8	Public sector (PNFP) health center
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	301	smrb_drugstaken_yn Show the field ONLY if: [smrb_adviceortrt_yn]='1'	410. At any time during the illness, did (NAME) take any drugs for the illness?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Don't know</td></tr></table>	1	Yes	0	No	99	Don't know																					
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0	No																														
99	Don't know																														
	302	tmrby_yn	Is there a third most recent birth?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No																							
1	Yes																														
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	303	tmrb_birth_number Show the field ONLY if: [tmrb_yn] = '1'	402. THIRD MOST RECENT BIRTH Birth history number from 212 in birth history:	text																											
	304	tmrb_name Show the field ONLY if: [tmrb_yn] >= 00	403. FROM 212 AND 216 Name:	text, Identifier																											
	305	tmrb_livingordead Show the field ONLY if: [tmrb_yn]=1	403(a). Is (name) living or deceased?	radio <table><tr><td>1</td><td>Living</td></tr><tr><td>2</td><td>Dead</td></tr></table>	1	Living	2	Dead																							
1	Living																														
2	Dead																														
	306	tmrb_fever_yn Show the field ONLY if: [tmrb_livingordead] = '1'	404. Has (Name) been ill with a fever at any time in the last 2 weeks?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Don't Know</td></tr></table>	1	Yes	0	No	99	Don't Know																					
1	Yes																														
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	307	tmrb_blooddraw_yn Show the field ONLY if: [tmrb_fever_yn] = '1'	405. At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No																							
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308	tmb_advicertrt_yn <small>Show the field ONLY if: [tmb_fever_yn] = '1'</small>	406. Did you seek advice or treatment for the illness from any source?	radio	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																															
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309	tmb_advicertrt_whynone <small>Show the field ONLY if: [tmb_advicertrt_yn] = '0'</small>	406(a). Why have you not sought advice or treatment from any source?	radio	<table border="1"> <tr><td>1</td><td>Child just fell ill</td></tr> <tr><td>2</td><td>Child not very ill</td></tr> <tr><td>3</td><td>Clinic too far</td></tr> <tr><td>4</td><td>Have no money</td></tr> <tr><td>5</td><td>Waiting for child's father</td></tr> <tr><td>6</td><td>Don't know what to do</td></tr> <tr><td>7</td><td>Already had medicine at home</td></tr> <tr><td>8</td><td>Other</td></tr> </table>	1	Child just fell ill	2	Child not very ill	3	Clinic too far	4	Have no money	5	Waiting for child's father	6	Don't know what to do	7	Already had medicine at home	8	Other																																			
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310	tmb_advicertrt_whynone_ot her <small>Show the field ONLY if: [tmb_advicertrt_whynone] = '8'</small>	406(a). Specify.	notes																																																				
311	tmb_advicertrt_where <small>Show the field ONLY if: [tmb_advicertrt_yn] = '1'</small>	407. Where did you seek advice or treatment? Anywhere else?	checkbox	<table border="1"> <tr><td>1</td><td>tmb_advicertrt_where__1</td><td>Government hospital</td></tr> <tr><td>2</td><td>tmb_advicertrt_where__2</td><td>Government health center</td></tr> <tr><td>3</td><td>tmb_advicertrt_where__3</td><td>Government health post</td></tr> <tr><td>4</td><td>tmb_advicertrt_where__4</td><td>Mobile clinic</td></tr> <tr><td>5</td><td>tmb_advicertrt_where__5</td><td>Community health worker (VHT)</td></tr> <tr><td>6</td><td>tmb_advicertrt_where__6</td><td>Other public sector</td></tr> <tr><td>7</td><td>tmb_advicertrt_where__7</td><td>Public sector (PNFP) hospital</td></tr> <tr><td>8</td><td>tmb_advicertrt_where__8</td><td>Public sector (PNFP) health center</td></tr> <tr><td>9</td><td>tmb_advicertrt_where__9</td><td>Private hospital/clinic</td></tr> <tr><td>10</td><td>tmb_advicertrt_where__10</td><td>Pharmacy</td></tr> <tr><td>11</td><td>tmb_advicertrt_where__11</td><td>Private mobile clinic</td></tr> <tr><td>12</td><td>tmb_advicertrt_where__12</td><td>Fieldworker</td></tr> <tr><td>13</td><td>tmb_advicertrt_where__13</td><td>Other private medical sector</td></tr> <tr><td>14</td><td>tmb_advicertrt_where__14</td><td>Shop</td></tr> <tr><td>15</td><td>tmb_advicertrt_where__15</td><td>Traditional practitioner</td></tr> <tr><td>16</td><td>tmb_advicertrt_where__16</td><td>Market</td></tr> <tr><td>17</td><td>tmb_advicertrt_where__17</td><td>Other</td></tr> </table>	1	tmb_advicertrt_where__1	Government hospital	2	tmb_advicertrt_where__2	Government health center	3	tmb_advicertrt_where__3	Government health post	4	tmb_advicertrt_where__4	Mobile clinic	5	tmb_advicertrt_where__5	Community health worker (VHT)	6	tmb_advicertrt_where__6	Other public sector	7	tmb_advicertrt_where__7	Public sector (PNFP) hospital	8	tmb_advicertrt_where__8	Public sector (PNFP) health center	9	tmb_advicertrt_where__9	Private hospital/clinic	10	tmb_advicertrt_where__10	Pharmacy	11	tmb_advicertrt_where__11	Private mobile clinic	12	tmb_advicertrt_where__12	Fieldworker	13	tmb_advicertrt_where__13	Other private medical sector	14	tmb_advicertrt_where__14	Shop	15	tmb_advicertrt_where__15	Traditional practitioner	16	tmb_advicertrt_where__16	Market	17	tmb_advicertrt_where__17	Other
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313	tmb_check407 Show the field ONLY if: [tmb_advicortrt_yn]='1'	408. CHECK 407:	radio <table border="1"> <tr> <td>1</td> <td>TWO OR MORE CODES CIRCLED</td> </tr> <tr> <td>2</td> <td>ONLY ONE CODE CIRCLED</td> </tr> </table>	1	TWO OR MORE CODES CIRCLED	2	ONLY ONE CODE CIRCLED																																			
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315	tmb_drugstaken_yn Show the field ONLY if: [tmb_fever_yn] = '1'	410. At any time during the illness, did (NAME) take any drugs for the illness?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>99</td> <td>Don't know</td> </tr> </table>	1	Yes	0	No	99	Don't know																																	
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99	Don't know																																									
316	feverdrug_when	426. I would like to ask you a few questions about fever in children. When a child is sick with fever, how long after the fever begins should the child be taken for treatment?	radio <table border="1"> <tr> <td>1</td> <td>Same day</td> </tr> <tr> <td>2</td> <td>Next day</td> </tr> <tr> <td>3</td> <td>Two days after onset of fever</td> </tr> <tr> <td>4</td> <td>Three or more days after onset of fever</td> </tr> <tr> <td>5</td> <td>Fever is normal in children, no treatment necessary</td> </tr> <tr> <td>6</td> <td>Depends on how serious the fever is</td> </tr> <tr> <td>7</td> <td>Other</td> </tr> <tr> <td>8</td> <td>Don't know</td> </tr> </table>	1	Same day	2	Next day	3	Two days after onset of fever	4	Three or more days after onset of fever	5	Fever is normal in children, no treatment necessary	6	Depends on how serious the fever is	7	Other	8	Don't know																							
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317	feverdrug_when_other Show the field ONLY if: [feverdrug_when] = '7'	426(a). Specify.	notes																																							
318	malaria_cause	427. In your opinion, what causes malaria?	checkbox <table border="1"> <tr> <td>1</td> <td>malaria_cause__1</td> <td>Mosquito bites</td> </tr> <tr> <td>2</td> <td>malaria_cause__2</td> <td>Parasite</td> </tr> <tr> <td>3</td> <td>malaria_cause__3</td> <td>Eating maize</td> </tr> <tr> <td>4</td> <td>malaria_cause__4</td> <td>Eating mangoes</td> </tr> <tr> <td>5</td> <td>malaria_cause__5</td> <td>Eating dirty food</td> </tr> <tr> <td>6</td> <td>malaria_cause__6</td> <td>Drinking unboiled water</td> </tr> <tr> <td>7</td> <td>malaria_cause__7</td> <td>Getting soaked with rain</td> </tr> <tr> <td>8</td> <td>malaria_cause__8</td> <td>Cold/changing weather</td> </tr> <tr> <td>9</td> <td>malaria_cause__9</td> <td>Witchcraft</td> </tr> <tr> <td>10</td> <td>malaria_cause__10</td> <td>Contact with infected person</td> </tr> <tr> <td>11</td> <td>malaria_cause__11</td> <td>Germ</td> </tr> <tr> <td>12</td> <td>malaria_cause__12</td> <td>Other</td> </tr> <tr> <td>13</td> <td>malaria_cause__13</td> <td>Don't know</td> </tr> </table>	1	malaria_cause__1	Mosquito bites	2	malaria_cause__2	Parasite	3	malaria_cause__3	Eating maize	4	malaria_cause__4	Eating mangoes	5	malaria_cause__5	Eating dirty food	6	malaria_cause__6	Drinking unboiled water	7	malaria_cause__7	Getting soaked with rain	8	malaria_cause__8	Cold/changing weather	9	malaria_cause__9	Witchcraft	10	malaria_cause__10	Contact with infected person	11	malaria_cause__11	Germ	12	malaria_cause__12	Other	13	malaria_cause__13	Don't know
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13	malaria_cause__13	Don't know																																								
319	malaria_cause_other Show the field ONLY if: [malaria_cause(12)] = '1'	427(a). Specify.	notes																																							

320	malaria_cause_else	427(b). Anything else?	notes																											
321	malaria_prevent_yn	428. Are there ways to avoid getting malaria?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No																							
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322	malaria_prevent_how <div>Show the field ONLY if: [malaria_prevent_yn] = '1'</div>	429. What are the ways to avoid getting malaria?	checkbox <table><tr><td>1</td><td>malaria_prevent_how__1</td><td>Sleep under mosquito net</td></tr><tr><td>2</td><td>malaria_prevent_how__2</td><td>Sleep under an insecticide treated net</td></tr><tr><td>3</td><td>malaria_prevent_how__3</td><td>Taking preventive medication</td></tr><tr><td>4</td><td>malaria_prevent_how__4</td><td>Use mosquito repellant</td></tr><tr><td>5</td><td>malaria_prevent_how__5</td><td>Spraying house with insecticide</td></tr><tr><td>6</td><td>malaria_prevent_how__6</td><td>Using mosquito coils</td></tr><tr><td>7</td><td>malaria_prevent_how__7</td><td>Destroy mosquito breeding sites</td></tr><tr><td>8</td><td>malaria_prevent_how__8</td><td>Other</td></tr><tr><td>9</td><td>malaria_prevent_how__9</td><td>Don't know</td></tr></table>	1	malaria_prevent_how__1	Sleep under mosquito net	2	malaria_prevent_how__2	Sleep under an insecticide treated net	3	malaria_prevent_how__3	Taking preventive medication	4	malaria_prevent_how__4	Use mosquito repellant	5	malaria_prevent_how__5	Spraying house with insecticide	6	malaria_prevent_how__6	Using mosquito coils	7	malaria_prevent_how__7	Destroy mosquito breeding sites	8	malaria_prevent_how__8	Other	9	malaria_prevent_how__9	Don't know
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323	malaria_prevent_how_other <div>Show the field ONLY if: [malaria_prevent_how(8)] = '1'</div>	429(a). Specify.	notes																											
324	malaria_prevent_how_else	429(b). Anything else?	notes																											
325	malaria_drug_pregnancy	430. What medicine may be given to a pregnant woman to help her avoid getting malaria?	checkbox <table><tr><td>1</td><td>malaria_drug_pregnancy__1</td><td>SP/Fansidar</td></tr><tr><td>2</td><td>malaria_drug_pregnancy__2</td><td>Chloroquine</td></tr><tr><td>3</td><td>malaria_drug_pregnancy__3</td><td>Cholorquine w/Fansidar</td></tr><tr><td>4</td><td>malaria_drug_pregnancy__4</td><td>Coartem/Act</td></tr><tr><td>5</td><td>malaria_drug_pregnancy__5</td><td>Other</td></tr><tr><td>6</td><td>malaria_drug_pregnancy__6</td><td>Don't know</td></tr></table>	1	malaria_drug_pregnancy__1	SP/Fansidar	2	malaria_drug_pregnancy__2	Chloroquine	3	malaria_drug_pregnancy__3	Cholorquine w/Fansidar	4	malaria_drug_pregnancy__4	Coartem/Act	5	malaria_drug_pregnancy__5	Other	6	malaria_drug_pregnancy__6	Don't know									
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326	malaria_drug_pregnancy_othe r <div>Show the field ONLY if: [malaria_drug_pregnancy(5)] = '1'</div>	430(a). Specify.	notes																											
327	check_430	431. CHECK 430. SP/FANSIDAR MENTIONED?	radio <table><tr><td>1</td><td>CODE 'A' CIRCLED</td></tr><tr><td>2</td><td>CODE 'A' NOT CIRCLED</td></tr></table>	1	CODE 'A' CIRCLED	2	CODE 'A' NOT CIRCLED																							
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328	malaria_spfansidar_pregnanc y_freq <div>Show the field ONLY if: [check_430] = '1'</div>	432. How many times does a woman need to take SP/FANSIDAR during her pregnancy to avoid getting malaria?	radio <table><tr><td>1</td><td>Number of times entered</td></tr><tr><td>2</td><td>Don't know</td></tr></table>	1	Number of times entered	2	Don't know																							
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329	malaria_spfansidar_pregnanc y_times <div>Show the field ONLY if: [malaria_spfansidar_pregnanc</div>	Enter the number of times:	text																											

		y_freq] = '1'																		
330	illness		Section Header: <i>Section 5: Respondent Health History</i> 501. Have you ever been told that you have any medical problems, including:	checkbox <table border="1"> <tr> <td>1</td> <td>illness__1</td> <td>Diabetes</td> </tr> <tr> <td>2</td> <td>illness__2</td> <td>Tuberculosis</td> </tr> <tr> <td>3</td> <td>illness__3</td> <td>ISS or HIV</td> </tr> <tr> <td>4</td> <td>illness__4</td> <td>None</td> </tr> <tr> <td>5</td> <td>illness__5</td> <td>Other</td> </tr> </table>	1	illness__1	Diabetes	2	illness__2	Tuberculosis	3	illness__3	ISS or HIV	4	illness__4	None	5	illness__5	Other	
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331	illness_other	Show the field ONLY if: [illness(5)] = '1'	501(a). Specify.	notes																
332	medication_daily_yn		502. Do you take medications every day?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No												
1	Yes																			
0	No																			
333	medication_name	Show the field ONLY if: [medication_daily_yn] = '1'	503. What is the name of the medication(s)? (Separate each one with a comma)	notes																
334	hospitalisation_yn		504. Other than for the birth of your children, have you ever had to stay overnight in a hospital or health centre?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No												
1	Yes																			
0	No																			
335	hospitalisation_why	Show the field ONLY if: [hospitalisation_yn] = '1'	505. What was the reason you had to stay in the hospital or health centre?	radio <table border="1"> <tr> <td>1</td> <td>Malaria</td> </tr> <tr> <td>2</td> <td>Fever, not malaria</td> </tr> <tr> <td>3</td> <td>Diarrhea</td> </tr> <tr> <td>4</td> <td>Breathing or pneumonia</td> </tr> <tr> <td>5</td> <td>Injury</td> </tr> <tr> <td>6</td> <td>Other</td> </tr> </table>	1	Malaria	2	Fever, not malaria	3	Diarrhea	4	Breathing or pneumonia	5	Injury	6	Other				
1	Malaria																			
2	Fever, not malaria																			
3	Diarrhea																			
4	Breathing or pneumonia																			
5	Injury																			
6	Other																			
336	hospitalisation_why_other	Show the field ONLY if: [hospitalisation_why] = '6'	505(a). Specify.	notes																
337	hiv_consent_yn		506. Prior to beginning the study, we need to confirm your ISS/HIV status as this could impact the study results. This will require a small finger prick. The test will be performed here in your home and we will give you the results. No one else will know.	radio <table border="1"> <tr> <td>1</td> <td>Agree</td> </tr> <tr> <td>2</td> <td>Not agree</td> </tr> </table>	1	Agree	2	Not agree												
1	Agree																			
2	Not agree																			
338	hiv_result	Show the field ONLY if: [hiv_consent_yn] = '1'	507. HIV results:	radio <table border="1"> <tr> <td>1</td> <td>Negative</td> </tr> <tr> <td>2</td> <td>Positive</td> </tr> </table>	1	Negative	2	Positive												
1	Negative																			
2	Positive																			
339	water_drinking_source		Section Header: <i>Household Characteristics</i> 101. What is the main source of drinking water for members of your household?	radio <table border="1"> <tr> <td>1</td> <td>Piped into dwelling</td> </tr> <tr> <td>2</td> <td>Piped to yard/Plot</td> </tr> <tr> <td>3</td> <td>Piped to neighbor</td> </tr> <tr> <td>4</td> <td>Public tap/Standpipe</td> </tr> <tr> <td>5</td> <td>Tube well or borehole</td> </tr> <tr> <td>6</td> <td>Protected well</td> </tr> <tr> <td>7</td> <td>Unprotected well</td> </tr> <tr> <td>8</td> <td>Protected spring</td> </tr> </table>	1	Piped into dwelling	2	Piped to yard/Plot	3	Piped to neighbor	4	Public tap/Standpipe	5	Tube well or borehole	6	Protected well	7	Unprotected well	8	Protected spring
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8	Protected spring																			

				<table border="1"> <tr><td>9</td><td>Unprotected spring</td></tr> <tr><td>10</td><td>Rainwater</td></tr> <tr><td>11</td><td>Tanker truck</td></tr> <tr><td>12</td><td>Bicycle with jerrycans</td></tr> <tr><td>13</td><td>Surface water (River/Dam/Lake/Pond/Stream/Canal/Irrigation channel)</td></tr> <tr><td>14</td><td>Bottled water</td></tr> <tr><td>15</td><td>Sachet water</td></tr> <tr><td>16</td><td>Other</td></tr> </table>	9	Unprotected spring	10	Rainwater	11	Tanker truck	12	Bicycle with jerrycans	13	Surface water (River/Dam/Lake/Pond/Stream/Canal/Irrigation channel)	14	Bottled water	15	Sachet water	16	Other												
9	Unprotected spring																															
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14	Bottled water																															
15	Sachet water																															
16	Other																															
	340	water_drinking_source_other <small>Show the field ONLY if: [water_drinking_source] = '16'</small>	101(a). Specify.	notes																												
	341	water_other_source	102. What is the main source of water used by your household for other purposes such as cooking and handwashing?	radio <table border="1"> <tr><td>1</td><td>Piped into dwelling</td></tr> <tr><td>2</td><td>Piped to yard/Plot</td></tr> <tr><td>3</td><td>Piped to neighbor</td></tr> <tr><td>4</td><td>Public tap/Standpipe</td></tr> <tr><td>5</td><td>Tube well or borehole</td></tr> <tr><td>6</td><td>Protected well</td></tr> <tr><td>7</td><td>Unprotected well</td></tr> <tr><td>8</td><td>Protected spring</td></tr> <tr><td>9</td><td>Unprotected spring</td></tr> <tr><td>10</td><td>Rainwater</td></tr> <tr><td>11</td><td>Tanker truck</td></tr> <tr><td>12</td><td>Bicycle with jerrycans</td></tr> <tr><td>13</td><td>Surface water (River/Dam/Lake/Pond/Stream/Canal/Irrigation channel)</td></tr> <tr><td>14</td><td>Other</td></tr> </table>	1	Piped into dwelling	2	Piped to yard/Plot	3	Piped to neighbor	4	Public tap/Standpipe	5	Tube well or borehole	6	Protected well	7	Unprotected well	8	Protected spring	9	Unprotected spring	10	Rainwater	11	Tanker truck	12	Bicycle with jerrycans	13	Surface water (River/Dam/Lake/Pond/Stream/Canal/Irrigation channel)	14	Other
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14	Other																															
	342	water_other_source_other <small>Show the field ONLY if: [water_other_source] = '14'</small>	102(a). Specify.	notes																												
	343	water_source_where	103. Where is that water source located?	radio <table border="1"> <tr><td>1</td><td>In own dwelling</td></tr> <tr><td>2</td><td>In own yard/plot</td></tr> <tr><td>3</td><td>Elsewhere</td></tr> </table>	1	In own dwelling	2	In own yard/plot	3	Elsewhere																						
1	In own dwelling																															
2	In own yard/plot																															
3	Elsewhere																															
	344	water_time	104. How long does it take to go there, get water, and come back?	radio <table border="1"> <tr><td>1</td><td>Minutes selected</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table>	1	Minutes selected	99	Don't know																								
1	Minutes selected																															
99	Don't know																															
	345	water_time_min <small>Show the field ONLY if: [water_time] = '1'</small>	Minutes:	text																												
	346	water_unavailable	106. In the past two weeks, was the water from this source not available for at least one full day?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																								
1	Yes																															
0	No																															

				99 Don't know																										
347	water_trt_yn	107. Do you do anything to the water to make it safer to drink?	radio	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table>	1	Yes	0	No	99	Don't know																				
1	Yes																													
0	No																													
99	Don't know																													
348	water_trt <small>Show the field ONLY if: [water_trt_yn]='1'</small>	108. What do you usually do to make the water safer to drink?	checkbox	<table border="1"> <tr><td>1</td><td>water_trt__1</td><td>Boil</td></tr> <tr><td>2</td><td>water_trt__2</td><td>Add bleach/chlorine</td></tr> <tr><td>3</td><td>water_trt__3</td><td>Strain through a cloth</td></tr> <tr><td>4</td><td>water_trt__4</td><td>Use water filter (Ceramic/Sand/Composite/Etc)</td></tr> <tr><td>5</td><td>water_trt__5</td><td>Solar disinfection</td></tr> <tr><td>6</td><td>water_trt__6</td><td>Let it stand and settle</td></tr> <tr><td>7</td><td>water_trt__7</td><td>Other</td></tr> <tr><td>8</td><td>water_trt__8</td><td>Don't know</td></tr> </table>	1	water_trt__1	Boil	2	water_trt__2	Add bleach/chlorine	3	water_trt__3	Strain through a cloth	4	water_trt__4	Use water filter (Ceramic/Sand/Composite/Etc)	5	water_trt__5	Solar disinfection	6	water_trt__6	Let it stand and settle	7	water_trt__7	Other	8	water_trt__8	Don't know		
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8	water_trt__8	Don't know																												
349	water_trt_other <small>Show the field ONLY if: [water_trt(7)] = '1'</small>	108(a). Specify.	notes																											
350	water_trt_else <small>Show the field ONLY if: [water_trt_yn]='1'</small>	108(b). Anything else?	notes																											
351	toilet_type	109. What kind of toilet facility do members of your household usually use?	radio	<table border="1"> <tr><td>1</td><td>Flush to piped sewer system</td></tr> <tr><td>2</td><td>Flush to septic tank</td></tr> <tr><td>3</td><td>Flush to pit latrine</td></tr> <tr><td>4</td><td>Flush to somewhere else</td></tr> <tr><td>5</td><td>Flush (don't know where)</td></tr> <tr><td>6</td><td>Ventilated improved pit latrine</td></tr> <tr><td>7</td><td>Pit latrine with slab</td></tr> <tr><td>8</td><td>Pit latrine without slab/Open pit</td></tr> <tr><td>9</td><td>Composting toilet/Ecosan</td></tr> <tr><td>10</td><td>Bucket toilet</td></tr> <tr><td>11</td><td>Hanging toilet/Hanging latrine</td></tr> <tr><td>12</td><td>No facility/Bush/Field</td></tr> <tr><td>13</td><td>Other</td></tr> </table>	1	Flush to piped sewer system	2	Flush to septic tank	3	Flush to pit latrine	4	Flush to somewhere else	5	Flush (don't know where)	6	Ventilated improved pit latrine	7	Pit latrine with slab	8	Pit latrine without slab/Open pit	9	Composting toilet/Ecosan	10	Bucket toilet	11	Hanging toilet/Hanging latrine	12	No facility/Bush/Field	13	Other
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352	toilet_type_other <small>Show the field ONLY if: [toilet_type] = '13'</small>	109(a). Specify.	notes																											
353	toilet_share_yn	110. Do you share this toilet facility with other households?	yesno	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																						
1	Yes																													
0	No																													
354	toilet_share_number <small>Show the field ONLY if: [toilet_share_yn] = '1'</small>	111. Including your own household, how many households use this toilet facility?	radio	<table border="1"> <tr><td>1</td><td>'No. of households if less than 10' selected</td></tr> <tr><td>2</td><td>10 or more households</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table>	1	'No. of households if less than 10' selected	2	10 or more households	3	Don't know																				
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355	toilet_share_numberexact <small>Show the field ONLY if: [toilet_share_number] = '1'</small>	111(a). Number of households:	text																						
356	toilet_where	112. Where is this toilet facility located?	radio <table border="1"> <tr><td>1</td><td>In own dwelling</td></tr> <tr><td>2</td><td>In own yard/plot</td></tr> <tr><td>3</td><td>Elsewhere</td></tr> </table>	1	In own dwelling	2	In own yard/plot	3	Elsewhere																
1	In own dwelling																								
2	In own yard/plot																								
3	Elsewhere																								
357	fuel_type	113. What type of fuel does your household mainly use for cooking?	radio <table border="1"> <tr><td>1</td><td>Electricity</td></tr> <tr><td>2</td><td>LPG/Cylinder Gas</td></tr> <tr><td>3</td><td>Biogas</td></tr> <tr><td>4</td><td>Kerosene</td></tr> <tr><td>5</td><td>Charcoal</td></tr> <tr><td>6</td><td>Wood</td></tr> <tr><td>7</td><td>Straws/Shrubs/Grass</td></tr> <tr><td>8</td><td>Agricultural crop</td></tr> <tr><td>9</td><td>Animal dung</td></tr> <tr><td>10</td><td>No food cooked in household</td></tr> <tr><td>11</td><td>Other</td></tr> </table>	1	Electricity	2	LPG/Cylinder Gas	3	Biogas	4	Kerosene	5	Charcoal	6	Wood	7	Straws/Shrubs/Grass	8	Agricultural crop	9	Animal dung	10	No food cooked in household	11	Other
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9	Animal dung																								
10	No food cooked in household																								
11	Other																								
358	fuel_type_other <small>Show the field ONLY if: [fuel_type] = '11'</small>	113(a). Specify.	notes																						
359	cooking_where	114. Is the cooking usually done in the house, in a separate building, or outdoors?	radio <table border="1"> <tr><td>1</td><td>In the house</td></tr> <tr><td>2</td><td>In a separate building</td></tr> <tr><td>3</td><td>Outdoors</td></tr> <tr><td>4</td><td>Other</td></tr> </table>	1	In the house	2	In a separate building	3	Outdoors	4	Other														
1	In the house																								
2	In a separate building																								
3	Outdoors																								
4	Other																								
360	cooking_where_other <small>Show the field ONLY if: [cooking_where] = '4'</small>	114(a). Specify.	notes																						
361	kitchen_separate_yn	115. Do you have a separate room which is used as a kitchen?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																		
1	Yes																								
0	No																								
362	rooms_sleeping_number	116. How many rooms in this household are used for sleeping?	text																						
363	animals_yn	117. Does this household own any livestock, herds, other farm animals, or poultry?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																		
1	Yes																								
0	No																								
364	cattle_local_number <small>Show the field ONLY if: [animals_yn] = '1'</small>	118. How many of the following animals does this household own? a) Local cattle?	text																						
365	cattle_exotic_number <small>Show the field ONLY if: [animals_yn] = '1'</small>	b) Exotic/cross-breed cattle?	text																						
366	horse_number	c) Horses, donkeys, or mules?	text																						

		Show the field ONLY if: [animals_yn] = '1'		
367	goat_number	Show the field ONLY if: [animals_yn] = '1'	d) Goats?	text
368	sheep_number	Show the field ONLY if: [animals_yn] = '1'	e) Sheep?	text
369	chicken_number	Show the field ONLY if: [animals_yn] = '1'	f) Chickens or other poultry?	text
370	pig_number	Show the field ONLY if: [animals_yn] = '1'	g) Pigs?	text
371	animals_inside_yn	Show the field ONLY if: [animals_yn] = '1'	118(a). Are there any animals that sleep in the house where people sleep?	yesno 1 Yes 0 No
372	land_agriculture_yn		119. Does any member of this household own any agricultural land?	yesno 1 Yes 0 No
373	land_agriculture_acres_number	Show the field ONLY if: [land_agriculture_yn] = '1'	120. How many acres of agricultural land do members of this household own?	radio 1 'Acres' selected 2 95 or more acres 3 Don't know
374	land_agriculture_acres_number_exact	Show the field ONLY if: [land_agriculture_acres_number] = '1'	How many acres:	text
375	land_nonagriculture_yn		120(a). Does any member of this household own any non-agricultural land?	yesno 1 Yes 0 No
376	electricity_yn		Section Header: 121. Does your household have: Electricity?	radio (Matrix) 1 Yes 2 No
377	radio_yn		A radio?	radio (Matrix) 1 Yes 2 No
378	television_yn		A television?	radio (Matrix) 1 Yes 2 No
379	nonmobile_yn		A non-mobile telephone?	radio (Matrix) 1 Yes 2 No
380	computer_yn		A computer?	radio (Matrix) 1 Yes

				2 No
381	fridge_yn	A refrigerator?	radio (Matrix)	1 Yes 2 No
382	musicplayer_yn	A cassette/CD/DVD player?	radio (Matrix)	1 Yes 2 No
383	table_yn	A table?	radio (Matrix)	1 Yes 2 No
384	chair_yn	A chair?	radio (Matrix)	1 Yes 2 No
385	sofa_yn	A sofa set?	radio (Matrix)	1 Yes 2 No
386	bed_yn	A bed?	radio (Matrix)	1 Yes 2 No
387	cupboard_yn	A cupboard?	radio (Matrix)	1 Yes 2 No
388	clock_yn	A clock?	radio (Matrix)	1 Yes 2 No
389	watch_yn	Section Header: 122. Does any member of this household own: A watch?	radio (Matrix)	1 Yes 2 No
390	mobilephone_yn	A mobile phone?	radio (Matrix)	1 Yes 2 No
391	bike_yn	A bicycle?	radio (Matrix)	1 Yes 2 No
392	motorcycle_yn	A motorcycle/scooter?	radio (Matrix)	1 Yes 2 No
393	cart_yn	An animal-drawn cart?	radio (Matrix)	1 Yes 2 No
394	car_yn	A car/truck?	radio (Matrix)	1 Yes 2 No

395	motorboat_yn	A boat with a motor?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No						
1	Yes												
2	No												
396	boat_yn	A boat without a motor?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No						
1	Yes												
2	No												
397	bank_yn	123. Does any member of this household have a bank account, mobile money account, or account with an agent?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
398	smoke_inside_freq	124. How often does anyone smoke inside your house?	radio <table border="1"> <tr><td>1</td><td>Daily</td></tr> <tr><td>2</td><td>Weekly</td></tr> <tr><td>3</td><td>Monthly</td></tr> <tr><td>4</td><td>Less often than once a month</td></tr> <tr><td>5</td><td>Never</td></tr> </table>	1	Daily	2	Weekly	3	Monthly	4	Less often than once a month	5	Never
1	Daily												
2	Weekly												
3	Monthly												
4	Less often than once a month												
5	Never												
399	spray_walls_yn	125. At any time in the past 6 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Don't know</td></tr> </table>	1	Yes	0	No	2	Don't know				
1	Yes												
0	No												
2	Don't know												
400	spray_who <small>Show the field ONLY if: [spray_walls_yn] = '1'</small>	126. Who sprayed the dwelling?	radio <table border="1"> <tr><td>1</td><td>Government worker/program</td></tr> <tr><td>2</td><td>Private company</td></tr> <tr><td>3</td><td>Nongovernmental organization (NGO)</td></tr> <tr><td>4</td><td>Other</td></tr> <tr><td>5</td><td>Don't know</td></tr> </table>	1	Government worker/program	2	Private company	3	Nongovernmental organization (NGO)	4	Other	5	Don't know
1	Government worker/program												
2	Private company												
3	Nongovernmental organization (NGO)												
4	Other												
5	Don't know												
401	spray_who_other <small>Show the field ONLY if: [spray_who] = '4'</small>	(i). Specify.	notes										
402	spray_pay_yn <small>Show the field ONLY if: [spray_walls_yn] = '1'</small>	126(a). Did you pay for your dwelling to be sprayed?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table>	1	Yes	2	No	3	Don't know				
1	Yes												
2	No												
3	Don't know												
403	net_yn	127. Does your household have any mosquito nets?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
404	net_number <small>Show the field ONLY if: [net_yn] = '1'</small>	128. How many mosquito nets does your household have? Number of nets:	text										
405	net_1_seen <small>Show the field ONLY if: [net_number] >= 00</small>	129. Net #1:	radio <table border="1"> <tr><td>1</td><td>Observed</td></tr> <tr><td>0</td><td>Not observed</td></tr> </table>	1	Observed	0	Not observed						
1	Observed												
0	Not observed												
406	net_1_when <small>Show the field ONLY if: [net_1_seen] = '1'</small>	130. How many months ago did your household get the mosquito net?	radio <table border="1"> <tr><td>1</td><td>'Months ago' selected</td></tr> <tr><td>2</td><td>More than 36 months ago</td></tr> </table>	1	'Months ago' selected	2	More than 36 months ago						
1	'Months ago' selected												
2	More than 36 months ago												

				3 Not sure																								
407	net_1_months <small>Show the field ONLY if: [net_1_when] = '1'</small>	130(a). Months ago:	text																									
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446	net_3_sleep_yn <small>Show the field ONLY if: [net_number] >= 3</small>	136. Did anyone sleep under this mosquito net last night?	radio	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not sure</td></tr> </table>	1	Yes	0	No	99	Not sure																		
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451	handwash_where	Section Header: <i>Additional Household Characteristics</i> 139. We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	checkbox	<table border="1"> <tr><td>1</td><td>handwash_where__1</td><td>Observed (fixed place)</td></tr> <tr><td>2</td><td>handwash_where__2</td><td>Observed (mobile)</td></tr> <tr><td>3</td><td>handwash_where__3</td><td>Not observed (not in dwelling/yard/plot)</td></tr> <tr><td>4</td><td>handwash_where__4</td><td>Not observed (no permission to see)</td></tr> <tr><td>5</td><td>handwash_where__5</td><td>Not observed (other reason)</td></tr> </table>	1	handwash_where__1	Observed (fixed place)	2	handwash_where__2	Observed (mobile)	3	handwash_where__3	Not observed (not in dwelling/yard/plot)	4	handwash_where__4	Not observed (no permission to see)	5	handwash_where__5	Not observed (other reason)									
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452	handwash_water_yn <small>Show the field ONLY if: [handwash_where(2)] = '1' or [handwash_where(1)] = '1'</small>	140. Observe presence of water at the place for handwashing. Record observation.	radio	<table border="1"> <tr><td>1</td><td>Water is available</td></tr> <tr><td>0</td><td>Water is not available</td></tr> </table>	1	Water is available	0	Water is not available																				
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453	handwash_soap_type <small>Show the field ONLY if: [handwash_where(1)] = '1' or [handwash_where(2)] = '1'</small>	141. Observe presence of soap, detergent, or other cleansing agent at the place for handwashing. Record observation.	checkbox	<table border="1"> <tr><td>1</td><td>handwash_soap_type__1</td><td>Soap or detergent (bar/liquid/powder/paste)</td></tr> </table>	1	handwash_soap_type__1	Soap or detergent (bar/liquid/powder/paste)																					
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				2	handwash_soap_type__2	Ash/mud/sand
				3	handwash_soap_type__3	None
454	floor_material	142. Observe main material of the floor of the dwelling. Record observation.	checkbox	1	floor_material__1	Earth/sand
				2	floor_material__2	Dung
				3	floor_material__3	Wood planks
				4	floor_material__4	Palm/Bamboo
				5	floor_material__5	Parquet or polished wood
				6	floor_material__6	Concrete
				7	floor_material__7	Ceramic tiles
				8	floor_material__8	Cement screed
				9	floor_material__9	Carpet
				10	floor_material__10	Stones
				11	floor_material__11	Bricks
				12	floor_material__12	Other
455	floor_material_other <small>Show the field ONLY if: [floor_material(12)] = '1'</small>	142(a). Specify.	notes			
456	roof_material	143. Observe main material of the roof of the dwelling. Record observation.	checkbox	1	roof_material__1	No roof
				2	roof_material__2	Thatch/palm leaf
				3	roof_material__3	Mud
				4	roof_material__4	Rustic mat
				5	roof_material__5	Tins
				6	roof_material__6	Wood planks
				7	roof_material__7	Cardboard
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				11	roof_material__11	Asbestos
				12	roof_material__12	Tiles
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				15	roof_material__15	Other
457	roof_material_other <small>Show the field ONLY if: [roof_material(15)] = '1'</small>	143(a). Specify.	notes			
458	exteriorwalls_material	144. Observe main material of the exterior walls of the dwelling. Record observation.	checkbox	1	exteriorwalls_material__1	No walls
				2	exteriorwalls_material__2	Thatched/straw
				3	exteriorwalls_material__3	Dirt
				4	exteriorwalls_material__4	Poles with mud
				5	exteriorwalls_material__5	Stone with mud
				6	exteriorwalls_material__6	Unburnt bricks with mud

				<table border="1"> <tr><td>7</td><td>exteriorwalls_material__7</td><td>Plywood</td></tr> <tr><td>8</td><td>exteriorwalls_material__8</td><td>Cardboard</td></tr> <tr><td>9</td><td>exteriorwalls_material__9</td><td>Reused wood</td></tr> <tr><td>10</td><td>exteriorwalls_material__10</td><td>Unburnt bricks with plaster</td></tr> <tr><td>11</td><td>exteriorwalls_material__11</td><td>Burnt bricks with mud</td></tr> <tr><td>12</td><td>exteriorwalls_material__12</td><td>Cement</td></tr> <tr><td>13</td><td>exteriorwalls_material__13</td><td>Stone with lime/cement</td></tr> <tr><td>14</td><td>exteriorwalls_material__14</td><td>Burnt bricks with cement</td></tr> <tr><td>15</td><td>exteriorwalls_material__15</td><td>Cement blocks</td></tr> <tr><td>16</td><td>exteriorwalls_material__16</td><td>Unburnt bricks with cement</td></tr> <tr><td>17</td><td>exteriorwalls_material__17</td><td>Wood planks/shingles</td></tr> <tr><td>18</td><td>exteriorwalls_material__18</td><td>Other</td></tr> </table>	7	exteriorwalls_material__7	Plywood	8	exteriorwalls_material__8	Cardboard	9	exteriorwalls_material__9	Reused wood	10	exteriorwalls_material__10	Unburnt bricks with plaster	11	exteriorwalls_material__11	Burnt bricks with mud	12	exteriorwalls_material__12	Cement	13	exteriorwalls_material__13	Stone with lime/cement	14	exteriorwalls_material__14	Burnt bricks with cement	15	exteriorwalls_material__15	Cement blocks	16	exteriorwalls_material__16	Unburnt bricks with cement	17	exteriorwalls_material__17	Wood planks/shingles	18	exteriorwalls_material__18	Other
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459	exteriorwalls_material_other	144(i). Specify.	notes																																					
	<p>Show the field ONLY if: [exteriorwalls_material(18)] = '1'</p>																																							
460	healthcare_where	144(a). Where do you and your family mainly go for health care?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Government hospital</td></tr> <tr><td>2</td><td>Government health center</td></tr> <tr><td>3</td><td>Family planning clinic</td></tr> <tr><td>4</td><td>Mobile clinic</td></tr> <tr><td>5</td><td>Other public sector</td></tr> <tr><td>6</td><td>Private hospital/clinic</td></tr> <tr><td>7</td><td>Private doctor</td></tr> <tr><td>8</td><td>Mobile private clinic</td></tr> <tr><td>9</td><td>Pharmacy/drug shop</td></tr> <tr><td>10</td><td>Other private medical center</td></tr> <tr><td>11</td><td>Other</td></tr> <tr><td>12</td><td>Don't know</td></tr> </table>	1	Government hospital	2	Government health center	3	Family planning clinic	4	Mobile clinic	5	Other public sector	6	Private hospital/clinic	7	Private doctor	8	Mobile private clinic	9	Pharmacy/drug shop	10	Other private medical center	11	Other	12	Don't know													
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461	healthcare_where_other	ii. Specify. If unable to determine if public or private sector, write the name of the place.	notes																																					
462	healthcare_pay_yn	144(b). Do you pay any money for the services offered?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes (official fees)</td></tr> <tr><td>2</td><td>Yes (token of thanks)</td></tr> <tr><td>3</td><td>No</td></tr> <tr><td>4</td><td>Don't know</td></tr> </table>	1	Yes (official fees)	2	Yes (token of thanks)	3	No	4	Don't know																													
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463	healthcare_pay_how	144(c). How do you make the payment?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Directly out of pocket</td></tr> <tr><td>2</td><td>Community-based initiative/savings</td></tr> <tr><td>3</td><td>Health insurance through employer</td></tr> <tr><td>4</td><td>Social security</td></tr> </table>	1	Directly out of pocket	2	Community-based initiative/savings	3	Health insurance through employer	4	Social security																													
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	<p>Show the field ONLY if: [healthcare_pay_yn] = '1' or [healthcare_pay_yn] = '2'</p>																																							

				<table><tr><td>5</td><td>Other privately purchased commercial health insurance</td></tr><tr><td>6</td><td>Other</td></tr></table>	5	Other privately purchased commercial health insurance	6	Other	
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6	Other								
464	healthcare_pay_how_else	(i). Specify.	notes						
	Show the field ONLY if: [healthcare_pay_how] = '6'								
465	home_visit_d08c3f_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
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1	Unverified								
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